0991416.06

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/28/2024 3:21 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		of Withdrawa Isiness Entity)	l	WFE
Pursuant to the provisions of KR business entity named below and				val on behalf of the
The name of the business ent	tity is Cherokee Nation			·
	(The name must		name on record with the	Secretary of State.)
2. The state or country of format	tion is Cherokee Nation	n		
The Secretary of State may for on the Secretary of State and	orward to the busines	s entity at the follow		
777 W. Cherokee Street, Corp. Bldg	g. 2	Catoosa	OK	74015
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
<ol> <li>The business entity is not tran in the Commonwealth or pursuan authority from the commissioner.</li> <li>The business entity revokes t appoints the Secretary of State a during the time it was authorized of State in the future of any change.</li> </ol>	nt to KRS 14A.9-010( of the Department of the authority of its reg s its agent for service to transact business	7) the business ent Insurance. gistered agent to ac e of process in any in the Commonwea	ity is a foreign insurer w cept service of process proceeding based on a	on its behalf and cause of action arising
6. This application will be effective	/e upon filing.	1		•
I declare under penalty of perjury	under the laws of Ke		going is true and correc	t. 6/27/2024
July III	LIUM -	Shelley Graham Printed Name		0/2//2024 Date
Signature of Authorized Represent	ative	Frinted Name		Date