

1164716.04

mmoore
WTH

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/29/2024 2:30 PM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

- The assumed name to be withdrawn is Education at Work
(The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by Strada Collaborative, Inc.
(Must be the exact name of the entity or partners)
- This application will be effective upon filing.
- The date the original certificate was filed: 10/18/2021
- The "real name" is (you must check one):

<ul style="list-style-type: none"> <input type="checkbox"/> a Domestic General Partnership <input type="checkbox"/> a Domestic Limited Liability Partnership <input type="checkbox"/> a Domestic Limited Partnership <input type="checkbox"/> a Domestic Business Trust <input type="checkbox"/> a Domestic Corporation <input type="checkbox"/> a Domestic Limited Liability Company 	<ul style="list-style-type: none"> <input type="checkbox"/> a Foreign General Partnership <input type="checkbox"/> a Foreign Limited Liability Partnership <input type="checkbox"/> a Foreign Limited Partnership <input type="checkbox"/> a Foreign Business Trust <input checked="" type="checkbox"/> a Foreign Corporation <input type="checkbox"/> a Foreign Limited Liability Company
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. The mailing address is:

10 W. Market Street, Suite 1100	Indianapolis	IN	46204
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

<u>/s/ Davina P. Biddle</u>	Davina P. Biddle	Secretary	02/29/2024
Signature of Authorized Party	Printed Name	Title	Date