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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/29/2024 2:36 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

	02) 564-3490 ww.sos.ky.gov				
Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:					
1.	The assumed name to be withdrawn is $\frac{InsideTrack}{\text{(The name must be identical to the name on record with the Secretary of State.)}}$				
2.	The assumed name has been discontinued by Strada Collaborative, Inc. (Must be the exact name of the entity or partners)				
3.	This application will be effective upon filing.				
4.	The date the original certificate was filed: $10/18/2021$				
5.	The "real name" is (you must ch	eck one):			
	a Domestic General Partnership			a Foreign General Partnership	
	a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership	
	a Domestic Limited Partnership			a Foreign Limited Partnership	
	a Domestic Business Tru	st		a Foreign Business Trust	
	a Domestic Corporation		\times	a Foreign Corporation	
	a Domestic Limited Liabi	lity Company		a Foreign Limited Liability Co	mpany
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.					
/s/ Davina P. Biddle		Davina P. Bio	ddle Secretary	02/29/2024	
Signature of Authorized Party		Printed Name	Title	Date	