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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/16/2023 2:53 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	Certificate of Withdrawa (Foreign Business Entity)	I	WFE
	S 14A - 030 the undersigned applies for d, for that purpose, submits the following		al on behalf of the
1. The name of the business en	tity is TELMAR NETWORK TECHNOLO (The name must be identical to the r	222	ecretary of State.)
2. The state or country of forma	tion is DE		·
	orward to the business entity at the follow d commits to notify the Secretary of State 3.75074		
Street Address (No Post Office Bo		State	Zip Code
4. The business entity is not train the Commonwealth or pursual authority from the commissioner	nsacting business in the Commonwealth nt to KRS 14A.9-010(7) the business en of the Department of Insurance.	and surrenders its autho tity is a foreign insurer wit	rity to transact business th a certificate of
appoints the Secretary of State a	the authority of its registered agent to ac as its agent for service of process in any to transact business in the Commonwe age in its mailing address.	proceeding based on a c	ause of action arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the for	going is true and correct.	
John Orlea	John Orleans		May 15, 2023
Signature of Authorized Represen	ntative Printed Name		Date