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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/17/2024 2:40 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 Withdrawal (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following s		wal on behalf of the
1. The name of the business en			
	(The name must be identical to the na	me on record with the	Secretary of State.)
2. The state or country of formation	tion is Delaware		
3. The Secretary of State may for	orward to the business entity at the following commits to notify the Secretary of State of		
306 W. Main St, Ste 512	Frankfort	KY	40601
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner  5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	the authority of its registered agent to access its agent for service of process in any process to transact business in the Commonwealt ge in its mailing address.	y is a foreign insurer of processoceeding based on a	with a certificate of s on its behalf and a cause of action arising
This application will be effecti	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgo	ing is true and corre	ct.
165	Thomas Gottsegen		6/14/2024
Signature of Authorized Represen	tative Printed Name		Date