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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/28/2022 7:45 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withd (Foreign Business En		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu	S 14A and KRS 271B, 273, 274, siness entity named below and, f	275, 362 or 386 the u or that purpose, subm	ndersigned applies for a certificate nits the following statements:
1. The name of the business ent			
	(The name must be identical to t	ne name on record with the	ne Secretary of State.)
2. The state or country of format	ion is		
The Secretary of State may for on the Secretary of State and	orward to the business entity at the commits to notify the Secretary	e following street add of State of any future	ress any process served changes to this address:
53 Summer St.	Keene	NH	03431
Street Address (No Post Office Box No	umbers) City	State	Zip Code
authority from the commissioner The business entity revokes to appoints the Secretary of State a during the time it was authorized of State in the future of any change. This application will be effective.	nt to KRS 14A.9-010(7) the busin of the Department of Insurance. the authority of its registered age its agent for service of process to transact business in the Comrige in its mailing address.	ess entity is a foreign in to accept service of in any proceeding bas nonwealth. The busine	process on its behalf and sed on a cause of action arising ess entity shall notify the Secretary
declare under penalty of perjury	under the laws of Kentucky that Caroline C		nd correct. 23 June 2022
Signature of Authorized Representativ	e Printed Na	me	Date