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Michael G. Adams Kentucky Secretary of S Received and Filed: 4/4/2023 2:26 PM	tate
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4/4/2023 2:26 PM	

Fee Receipt: \$40.00

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	Cancellation of Certificate of Limite (Domestic Limited Partnership)	ed Partnership CLP			
Pursuant to the provisions of KRS 14A and KRS Chapter 362.2-203, the undersigned hereby submits the following in support of the Cancellation of Certificate of Limited Partnership: 1. The name of the limited partnership is: DESHLER HERITAGE, LTD. (The name must be identical to the name on record with the Secretary of State.)					
2. The date of filing of the initial certificate of limited partnership is <u>12/29/2008</u> .					
3. This cancellation will be effective upon filing.					
4. The reason for filing the certificate of cancellation is: Domesticated to Utah					
5. Any other information as determined by the general partners:					
I/We declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.					
RealHOuth	Reed T. Deshler M	lanager of GP 4/3/2023			
Signature of General Partner	Printed Name Titl	le Date			

Printed Name

Date

Title

FILING INSTRUCTIONS CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DATE OF FILING

State the date that the limited partnership registered to transact business in Kentucky.

WHO MAY SIGN

The document must be signed by all general partners.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718 OFFICE LOCATION Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.