

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Withdrawal** 

0796421.09

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed:

2/21/2025 2:44 PM Fee Receipt: \$40.00

**WFE** 

F.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Bu	siness Entity)		
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the unded, for that purpose, s	ersigned applies fo ubmits the followin	r a certificate of withdraw g statements:	al on behalf of the
1. The name of the business en	tity is CSP, INC.	,		
	(The name must	t be identical to the	name on record with the S	Secretary of State.)
2. The state or country of forma	tion is Delaware			·
The Secretary of State may for on the Secretary of State and	orward to the busines	ss entity at the follone Secretary of Sta	owing street address any te of any future changes	process served to this address:
c/o HomeServe USA, Legal - 601 N	Merritt 7, 6th Floor	Norwalk	CT	06851
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
<ol> <li>The business entity is not train the Commonwealth or pursua authority from the commissioner</li> <li>The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any characteristics.</li> </ol>	of the Department of the authority of its reas its agent for serviced to transact business.	egistered agent to a ce of process in an s in the Commonw	ntity is a foreign insurer was accept service of process y proceeding based on a	on its behalf and cause of action arising
6. This application will be effect	ive upon filing.			
I declare under penalty of perjur	y under the laws of h	Kentucky that the fo	orgoing is true and correc	t.
LAMA		Judy Melillo		02/20/2025
Signature of Authorized Represe	ntative	Printed Name		Date

**Division of Business Filings**