0537526.09

Fee Receipt: \$40.00

kdcoleman WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/15/2023 2:48 PM



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	Certificate of Withdrawal (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies for a I, for that purpose, submits the following st		val on behalf of the
1. The name of the business ent	ity is Mobile Mini, Inc (The name must be identical to the name)	ne on record with the	Secretary of State.)
2. The state or country of format	ion is Delaware	MANUFACTURE TO STATE OF THE STA	•
3. The Secretary of State may fo	rward to the business entity at the followin commits to notify the Secretary of State of	g street address any f any future changes	process served to this address:
901 S. Bond Street, Suite 600	Baltimore	MD	21231
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursuan from the commissioner of the Dep 5. The business entity revokes the the Secretary of State as its agen	ne authority of its registered agent to accept t for service of process in any proceeding business in the Commonwealth. The business	is a foreign insurer wood service of process of based on a cause of	on its behalf and appoints action arising during the
6. This application will be effective	e upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgo	ng is true and correc	t.
Levela Mis	Samantha Bishop		02/06/2023
Signature of Authorized Represen	tative Printed Name		Date