

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0914527.04

Fee Receipt: \$20.00

mmoore WTH

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/17/2024 2:21 PM

Certificate of Withdrawal of Assumed Name

CWA

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Wi (Domestic or Foreig			CWA
Pursuant to the provisions of KR submits the following statements		pplicant applies t	o withdraw an assumed nan	ne and, for that purpose,
1. The assumed name to be with	ndrawn is $\frac{\text{CUNA Mutual F}}{\text{(The name must b)}}$	iduciary Consultan	nts me on record with the Secretary	of State.)
2. The assumed name has been	n discontinued by MEMBE (Must be t	RS CAPITAL AD	VISORS, INC. e entity or partners)	
3. This application will be effecti	ve upon filing.			
4. The date the original certificate	te was filed: 04/07/2015		· · · · · · · · · · · · · · · · · · ·	
5. The "real name" is (you must c	heck one):			
a Domestic General Par	tnership	a Foreign General Partnership		
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership		
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corporation		X a Foreign Corporation		
a Domestic Limited Liab	ility Company	a Foi	eign Limited Liability Compa	any
6. The mailing address is:				
5910 Mineral Point Road	Mad	ison	WI	53705
Street Address or Post Office Box Nu	mbers	City	State	Zip
I declare under penalty of perjury		cky that the forgo	oing is true and correct. VP, Secretary	12/9/2024
Signature of Authorized Party		Printed Name	Title	Date
Signature of Authorized Party		TITLEU HAITIE	, 1100	Date

Division of Business Filings