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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/27/2023 12:26 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718	Certificate of Withdraw	al	WFE
Frankfort, KY 40602	(Foreign Business Entity)		
(502) 564-3490			
www.sos.ky.gov			
	S 14A - 030 the undersigned applies for d, for that purpose, submits the following EIP Credit Co. HoldCo, LLC		wal on behalf of the
1. The name of the business en	tity is		
	(The name must be identical to the	name on record with the	Secretary of State.)
2. The state or country of forma	Delaware tion is		· · · · · · · · · · · · · · · · · · ·
	orward to the business entity at the follow d commits to notify the Secretary of Sta Frankfort		
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursua	nsacting business in the Commonweal nt to KRS 14A.9-010(7) the business e of the Department of Insurance.		
appoints the Secretary of State a	the authority of its registered agent to a as its agent for service of process in an I to transact business in the Commonw age in its mailing address.	y proceeding based on a	a cause of action arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the fo	orgoing is true and corre	ct.
DocuSigned by:	Nicholas Dilk	S	
Signature of Authorized Represer	ntative Printed Name		Date

FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

NAME

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

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.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

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.

EFFECTIVE DATE AND TIME

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

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.