1159633.09

tsemones WTH

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

1/18/2023 3:13 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		te of Withdrawa Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpos	e, submits the following		wal on behalf of the
1. The name of the business en	lity is GOLDER A	ASSOCIATES USA INC.		
	(The name n	nust be identical to the n	ame on record with the	Secretary of State.)
2. The state or country of format	tion is Georgia			
The Secretary of State may for on the Secretary of State and				
5170 Peachtree Road, Bldg. 100, St	e. 300	Atlanta	GA	30341
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
 4. The business entity is not transin the Commonwealth or pursuar from the commissioner of the De 5. The business entity revokes the Secretary of State as its agentime it was authorized to transact the future of any change in its materials. 6. This application will be effective to the state of the stat	nt to KRS 14A.9-0 partment of Insur the authority of its nt for service of p t business in the ailing address.	010(7) the business enti rance. registered agent to acc rocess in any proceedir	ty is a foreign insurer v cept service of process ng based on a cause of	on its behalf and appoints action arising during the
o. This application will be effecti	ve upon ming.		·	
				•
I declare under penalty of perjury	under the laws	of Kentucky that the for	going is true and correc	ot.
PalB. U		PAUL B. COHE	N, SECRETARY	12/20/2022
Signature of Authorized Represer	itative	Printed Name		Date

(07/20)