

0636835.09

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/21/2025 10:41 AM 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	Certificate of Withdrawal (Foreign Business Entity)		WFE
	S 14A - 030 the undersigned applies for a c d, for that purpose, submits the following sta		val on behalf of the
1. The name of the business en			
	(The name must be identical to the nam	e on record with the	Secretary of State.)
2. The state or country of format	ion is		·
3. The Secretary of State may fo	orward to the business entity at the following d commits to notify the Secretary of State of		
500 Virginia Drive, Suite 514	Fort Washington	PA	19034
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	the authority of its registered agent to accepts its agent for service of process in any proto transact business in the Commonwealth ge in its mailing address.	s a foreign insurer vot service of process ceeding based on a	with a certificate of s on its behalf and cause of action arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	au under the laws of Kentucky that the forgoir	ng is true and correc	rt.
Sout E. L.	Joseph E. Laughlir	า	01/06/2025
Signature of Authorized Represen	tative Printed Name		Date