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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/8/2023 10:35 AM Fee Receipt: \$40.00

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## COMMONWEALTH OF KENTUCKY MICHAEL 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 and KRS 271B, 273, 274, 275, 362 or 386 the siness entity named below and, for that purpose, sub	
1. The name of the business ent	ity is <u>Parker, Smith &amp; Feek, Inc.</u> (The name must be identical to the name on record with	the Secretary of State.)
2. The state or country of format	ion is	
	orward to the business entity at the following street ac I commits to notify the Secretary of State of any futur	

c/o Chad Kincaid, 2233 112th Ave. NE	Bellevue	WA	98004
Street Address (No Post Office Box Numbers)	City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is\_\_\_\_\_\_.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Chad Kincaid

Date

Signature of Authorized Representative

Printed Name