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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2023 10:43 AM Fee Receipt: \$40.00

## 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 Withdra (Foreign Business Entit		WFE
	siness entity named below and, for		ndersigned applies for a certificate its the following statements:
1. The name of the business ent	ity is Integro USA Inc. (The name must be identical to the	name on record with the	ne Secretary of State.)
O TI	·		io doctorary or craticity
2. The state or country of format	on is		·
	rward to the business entity at the commits to notify the Secretary of		
1 California Street, Suite 400	San Francisco	CA	94111
Street Address (No Post Office Box Nu	imbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner  5. The business entity revokes tappoints the Secretary of State aduring the time it was authorized of State in the future of any chan  6. This application will be effective	It to KRS 14A.9-010(7) the business of the Department of Insurance.  The authority of its registered agent its agent for service of process in the Commoge in its mailing address.	to accept service of any proceeding basenwealth. The busing ective date and/or tires	i process on its behalf and sed on a cause of action arising ess entity shall notify the Secretary me is provided. The effective date
	under the laws of Kentucky that the	ne forgoing is true ar	nd correct.
Lab yours	Frank Mamn	naro	10/02/2023
Signature of Authorized Representativ	e Printed Nam	e	Date