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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/23/2024 10:05 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of W (Domestic or Fore			CWA
Pursuant to the provisions of KR submits the following statements		applicant applies	to withdraw an assumed name a	and, for that purpose,
1. The assumed name to be with	ndrawn is Partners M (The name mus	lortgage t be identical to the na	ame on record with the Secretary of S	State.)
2. The assumed name has been	n discontinued by 01/1	8/2024		
	(IVIUST D	e the exact name of th	e entity or partners)	
3. This application will be effecti4. The date the original certificat	184 175 N. W. W. W.	123		
5. The "real name" is (you must cl		720		·
a Domestic General Partnership a Foreign General Partnership				
a Domestic Limited Liab	•		reign Limited Liability Partnersh	in
a Domestic Limited Partnership a Foreign Limited Partnership				
a Domestic Business Trust				
a Domestic Corporation		a Foreign Corporation		
a Domestic Limited Liab	ility Company	a Foreign Limited Liability Company		
6. The mailing address is:		-		
3131 Camino Del Rio N. Su	uite 150 S	an Diego	CA	92108
Street Address or Post Office Box Nur	nbers	City	State	Zip
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. Steve Majerus CEO/Director				
Signature of Authorized Party		Printed Name	Title	Date