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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/17/2023 10:57 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu				
1. The name of the business en		st be identical to the name of	on record with the Secretary	of State.)
2. The state or country of formation is Delaware				
3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:				
c/o Susan Schoonhoven, 623 26	Sth Ave.	Rock Island	IL	61201
Street Address (No Post Office Box No	umbers) Ci	ty	State	Zip Code
 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. The business entity revokes the authority of its registered agent to accept service of process on its behalf and 				
appoints the Secretary of State a during the time it was authorized of State in the future of any chan	is its agent for sen to transact busine	vice of process in any p ess in the Commonweal	roceeding based on a ca	ause of action arising
6. This application will be effective or the delayed effective date can				
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
Must Holde		Paul D. VanDuyne		4/12/2023
Signature of Authorized Representative	3	Printed Name		Date