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Michael G. Adams Kentucky Secretary of State Received and Filed:

6/28/2024 3:22 PM 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 cert d, for that purpose, submits the following state	
1. The name of the business en	tity is Cherokee Nation Government Solutions, L.I	C.
	(The name must be identical to the name of	n record with the Secretary of State.)
2. The state or country of format	ion is Cherokee Nation	
3. The Secretary of State may fo	orward to the business entity at the following st d commits to notify the Secretary of State of an	
777 W. Cherokee Street	Catoosa	OK 74015
Street Address (No Post Office Bo	x Numbers) City	State Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes t appoints the Secretary of State a	the authority of its registered agent to accept s s its agent for service of process in any proces to transact business in the Commonwealth. The ge in its mailing address.	foreign insurer with a certificate of ervice of process on its behalf and eding based on a cause of action arising
I declare under penalty of periury	under the laws of Kentucky that the forgoing i	s true and correct.
Sheller High	Shelley Graham	6/27/2024
Signature of Autholized Represent	tative Printed Name	Date