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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/7/2024 10:40 AM 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		te of Withdrawal Business Entity)		WFE	
Pursuant to the provisions of KR business entity named below and				behalf of the	
The name of the business entity is		NetRatings, LLC ust be identical to the name on record with the Secretary of State.)			
		Delaware			
The state or country of formation is		Delav			
The Secretary of State may for on the Secretary of State and		iness entity at the following stre ly the Secretary of State of any			
675 Avenue of the Americas		New York	NY	10010	
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code	
4. The business entity is not trar in the Commonwealth or pursual authority from the commissioner5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	nt to KRS 14A.9-(of the Departmer the authority of its as its agent for se to transact busin	O10(7) the business entity is a form of Insurance. In registered agent to accept service of process in any proceed ess in the Commonwealth. The	foreign insurer with a rvice of process on it ding based on a caus	certificate of s behalf and se of action arising	
6. This application will be effective	ve upon filing.				
I declare under penalty of perjury	under the laws c	of Kentucky that the forgoing is	true and correct.		
Stephanie Marcozz		Stephanie	e Marcozzi	2/14/2024	
Signature of Authorized Represen	tative	Printed Name		Date	