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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/15/2024 2:31 PM Fee Receipt: \$20.00

## 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 of Assumed Name (Domestic or Foreign Business Entity)

**CWA** 

Signature of Authorized Party		Printed Name		Title	Date
Ollalmol		Praveena McGhee		Atty In Fact	2/14/2024
declare under penalty of perjury	under the laws of	f Kentucky that the	forgoing is	true and correct.	
Street Address or Post Office Box Num	bers	City		State	Zip
ONE MEDIACOM WAY		MEDIACOM PARK		NY	10918
6. The mailing address is:					
a Domestic Limited Liabil	ity Company	a Foreign Limited Liability Company			
a Domestic Limited Partnership a Domestic Business Trust a Domestic Corporation		a Foreign Business Trust  a Foreign Corporation			
					a Foreign Limited Partnership
		a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership	
a Domestic General Parti		a Foreign General Partnership			
5. The "real name" is (you must ch	eck one):				
<ol> <li>The date the original certificate</li> </ol>	e was filed: 2/7/20	)24	····		
<ol><li>This application will be effective</li></ol>	e upon filing.				
2. The assumed name has been	discontinued by (M	lust be the exact nam	e of the entity	or partners)	
<b></b>	•			•	·
1. The assumed name to be with	drawn is XTEAM The name	e must be identical to	the name on	record with the Secretary of St	ate.)
Pursuant to the provisions of KRS submits the following statements:		- ,, .	piles to with	draw an assumed name a	na, for that purpos
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