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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/21/2023 2:26 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 Withdraw (Foreign Business Entity)	al	WFE
	S 14A - 030 the undersigned applies f d, for that purpose, submits the followi		awal on behalf of the
1. The name of the business en	tity is NAPT Collaborative LLC  (The name must be identical to the	e name on record with the	e Secretary of State.)
2. The state or country of format			,
3. The Secretary of State may for	orward to the business entity at the fold commits to notify the Secretary of St		
615 1st Ave NE, Suite 115	Minneapolis	MN	55413
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner  5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to as its agent for service of process in an to transact business in the Commonvige in its mailing address.	entity is a foreign insurer accept service of proces by proceeding based on	with a certificate of ss on its behalf and a cause of action arising
	under the laws of Kentucky that the t	orgoing is true and corre	ect.
2- Lyl	Lance Libeng	ood	11/20/2023
Signature of Authorized Represer	ntative Printed Name		Date