

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1109550.09

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

12/28/2023 3:41 PM Fee Receipt: \$40.00

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 an	d, for that purpos	se, submits the following s	certificate of withdrav	wal on behalf of the
1. The name of the business en	tity is Rippe & K	ingston Systems, Inc.		
	(The name)	must be identical to the na	me on record with the	Secretary of State.)
2. The state or country of forma	tion is Ohio			
The Secretary of State may for the Secretary of State and the Secretary of Secretary of State and the Secretary of Secretary	orward to the bus	siness entity at the following the Secretary of State	ng street address any of any future changes	process served to this address:
311 Elm Street, Ste 270 #1280		Cincinnati	ОН	45202
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
<ol> <li>The business entity is not train the Commonwealth or pursua authority from the commissioner</li> <li>The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any chair</li> </ol>	nt to KRS 14A.9- of the Department the authority of it as its agent for sold to transact busi	-010(7) the business entity ent of Insurance. ts registered agent to acc ervice of process in any p ness in the Commonweal	y is a foreign insurer weept service of process	s on its behalf and a cause of action arising
6. This application will be effect	ive upon filing.			
I declare under penalty of perjur	y under the laws	of Kentucky that the forg	oing is true and corre	ct.
Kaia Korosec		KARA KOROSE	C, SECRETARY	12/14/2023
Signature of Authorized Represe	ntative	Printed Name		Date