

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0809053.16

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

3/22/2023 2:43 PM Fee Receipt: \$40.00

WFE

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
Pursuant to the provisions of KR business entity named below an	S 14A - 030 the undersigned applies for a c d, for that purpose, submits the following sta	ertificate of withdrawatements:	al on behalf of the
1. The name of the business en	tity is		
	(The name must be identical to the nam	e on record with the	Secretary of State.)
2. The state or country of forma	ation is Delaware		
3 The Secretary of State may f	forward to the business entity at the following dommits to notify the Secretary of State or	g street address any f any future changes	process served to this address:
814 Commerce Dr, Ste 300	Oak Brook	IL	60523
Street Address (No Post Office B	ox Numbers) City	State	Zip Code
authority from the commissione 5. The business entity revokes	ansacting business in the Commonwealth are ant to KRS 14A.9-010(7) the business entity of the Department of Insurance. In the authority of its registered agent to access as its agent for service of process in any produced to transact business in the Commonwealting in its mailing address.	ept service of process	s on its behalf and a cause of action arising
6. This application will be effect	tive upon filing.		
I declare under penalty of perju	ry under the laws of Kentucky that the forgo	ing is true and corre	Ct.
4911/2m	William Pridmore		3/21/23
Signature of Authorized Represe	entative Printed Name		Date

025 2/24/2022 Walter Vlame Online

Division of Business Filings