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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/8/2025 2:17 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		te of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and				wal on behalf of the
1. The name of the business en	tity is	IONAL DOCUMENT SERVI		
		nust be identical to the name	on record with the	Secretary of State.)
2. The state or country of format	tion is UTAH			
The Secretary of State may for on the Secretary of State and	orward to the bus			
2700 LAKE COOK RD		RIVERWOODS	IL	60015
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
<ol> <li>The business entity is not train the Commonwealth or pursual 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 channel</li> </ol>	nt to KRS 14A.9-( of the Departmer the authority of its as its agent for se to transact busin	010(7) the business entity is not of Insurance.  It registered agent to accept rice of process in any process in the Commonwealth.	a foreign insurer service of proces eeding based on a	with a certificate of s on its behalf and a cause of action arising
6. This application will be effecti	ve upon filing.			
declare under penalty of perjury	/ under the laws o	of Kentucky that the forgoing	is true and corre	ct.
Trimmo Sand	lis	ERIN SANDERS		01/07/2025
Signature of Authorized Represer	itative	Printed Name		Date