#### 39630303

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0732057 Michael G. Adams Received and Filed 8/8/2022 2:47:26 PM

Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### U.S. SMOKELESS TOBACCO COMPANY

2. The assumed name has been discontinued by:

### U.S. SMOKELESS TOBACCO COMPANY LLC

The date the origional certificate was filed: 3.

Wednesday, June 17, 2009

4. The mailing address is:

#### 6601 WEST BROAD STREET, RICHMOND VA 23230

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Mary C. Bigelow

8/8/2022