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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/12/2024 2:31 PM Fee Receipt: \$20.00

## 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 Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

**CWA** 

(502) 564-3490 www.sos.ky.gov	,	•	,			
Pursuant to the provisions of KR submits the following statements		igned applicant a	pplies to withdraw an	assumed name an	d, for that purpose,	
1. The assumed name to be wit	hdrawn is Payt		to the name on record wit	h the Secretary of Sta	te.)	
2. The assumed name has been			yments LLC me of the entity or partne	rs)		
<ul><li>3. This application will be effecti</li><li>4. The date the original certification</li></ul>	·	3/2010			-	
5. The "real name" is (you must c						
a Domestic General Partnership		a Foreign General Partnership				
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership				
a Domestic Limited Partnership		a Foreign Limited Partnership				
a Domestic Business Trust		a Foreign Business Trust				
a Domestic Corporation		a Foreign Corporation				
a Domestic Limited Liab	ility Company	X a Foreign Limited Liability Company				
6. The mailing address is:						
4900 West Brown Deer Ro	d	Milwaukee		WI	53223	
Street Address or Post Office Box Nu	mbers	City	-AU-II	State	Zip	
I declare under penalty of perjury	under the laws of	f Kentucky that th	ne forgoing is true and	correct.		
Michael Eresse		Michael Kress		CEO	February 12,	202
Signature of Authorized Party		Printed Name		Title	Date	