## **COMMONWEALTH OF KENTUCKY** MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of With (Foreign Business E		WFE
Pursuant to the provisions of KRS of withdrawal on behalf of the bus			ndersigned applies for a certificate hits the following statements:
1. The name of the business ent	ity is	the name on record with t	he Secretary of State )
2. The state or country of format	•		
<ol> <li>The Secretary of State may for on the Secretary of State and c/o Kim S. Colton, General Counse</li> </ol>			
9815 South Monroe Street, Suite 20		UT	84070
Street Address (No Post Office Box Nu	umbers) City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

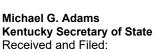
5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is

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

Signature of Authorized Representative

Kim S. Colton **Printed Name**  07/28/2022



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8/12/2022 11:14 AM Fee Receipt: \$40.00

WTH

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Date