

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

W266

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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(502) 564-3490
<http://www.sos.ky.gov>

**Certificate of Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

SAFARI MEDICAL EMERGENCY RESCUE

2. The assumed name has been discontinued by

SAFE SAFARI Corp.

3. This filing will be effective on **Tuesday, September 10, 2024.**

4. The date the original certificate was filed:

Monday, September 2, 2024

5. The mailing address of the entity's principal office is

842 CRISP CT, WALTON, KY 41094

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

Signature of individual signing on behalf of **Officer: Ceasar**

Lwaissa

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