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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/19/2022 11:01 AM Fee Receipt: \$40.00

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdr (Foreign Business Enti		WFE
Pursuant to the provisions of KRS of withdrawal on behalf of the bus	iness entity named below and, fo	r that purpose, subm	ndersigned applies for a certificate nits the following statements:
1. The name of the business enti	ty is HEALTHWAYS HEALTH SU (The name must be identical to the		he Secretary of State )
<ol><li>The state or country of formati</li></ol>	, DE	e name on record with t	ne decretary of diate.)
The Secretary of State may fo on the Secretary of State and	rward to the business entity at the commits to notify the Secretary of		
701 Cool Springs Blvd.	Franklin	TN	37067
Street Address (No Post Office Box Nu	mbers) City	State	Zip Code
in the Commonwealth or pursuan authority from the commissioner of the business entity revokes the appoints the Secretary of State as during the time it was authorized of State in the future of any change.	t to KRS 14A.9-010(7) the busine of the Department of Insurance. The authority of its registered agents its agent for service of process to transact business in the Commige in its mailing address.  The elevation of the business in the commige in its mailing address.	ss entity is a foreign t to accept service on any proceeding ba onwealth. The busin	f process on its behalf and sed on a cause of action arising ess entity shall notify the Secretary me is provided. The effective date
I declare under penalty of perjury	under the laws of Kentucky that t	he forgoing is true a	
an Wagers (Sep 8, 2022 17:44 CDT)	Ryan Wage	rs	09/08/2022
Signature of Authorized Representative	Printed Na	ne	Date