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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2023 2:37 PM Fee Receipt: \$40.00



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 Withdrawa (Foreign Business Entity)	ıl	WFE
business entity named below and	S 14A - 030 the undersigned applies for d, for that purpose, submits the following		awal on behalf of the
1. The name of the business en	tity is Parsons RCI Inc. (The name must be identical to the	name on record with th	Sporotony of State
2. The state or country of format	Washington	manie on record with the	
The Secretary of State may for on the Secretary of State and	orward to the business entity at the follow d commits to notify the Secretary of Stat	wing street address an e of any future change	y process served sto this address:
100 West Walnut Street, 12th Floor	Pasadena	CA	91124
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to ac s its agent for service of process in any to transact business in the Commonwe	tity is a foreign insurer eccept service of proces proceeding based on	with a certificate of s on its behalf and a cause of action arising
6. This application will be effective	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the for	going is true and corre	ct.
A. Gi	Abdullah M. Zei	ni	10/04/2023
Signature of Authorized Represen	tative Printed Name		Date

(02/23)