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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/22/2024 10:38 AM 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 | Withdrawal of Filing Before Effectiveness (Domestic or Foreign Entity) | WBE |
|---|--|----------------|
| | S 14A, the undersigned applies for a certificate of withdrawal on behalf or purpose, submits the following statements: | f the business |
| 1 The name of the business en | tity is Otri-med (The name must be identical to the name on record with the Secretary | |
| | | of State.) |
| 2. The name of the document to | be withdrawn Articles of Dissolution | |
| 3. The date the document was f | iled in Kentucky 12 08/20/1 | |
| 4. The document has been with | drawn in accordance with the agreement of the parties. | |
| 5. This application will be effecti | ve upon filing. | |
| I declare under penalty of perjury | under the laws of Kentucky that the forgoing is true and correct. | |
| honga bote a | PRAGYA B GUPTA 03/21 | 12024. |
| Signature of Authorized Agent | Printed Name | Date |
| Cashasi lento | SARBARI GUPTA 03/21 | 12024. |

Printed Name

Signature of Authorized Agent