COMMONWEALTH OF KENTUCKY

MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)	
	 S 14A and KRS 271B, 273, 274, 275, 362 or 386 the u siness entity named below and, for that purpose, subm	
1. The name of the business en	tity is Credible Behavioral Health, Inc. (The name must be identical to the name on record with the na	ne Secretary of State.)
2. The state or country of formation	tion is	· · ·
3. The Secretary of State may for	prward to the business entity at the following street add	ress any process served

on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:

315 Deaderick Street, Suite 2300	Nashville	TN	37238
Street Address (No Post Office Box Numbers)	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 12/31/2022

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

remy Landa

Division of Business Filings

Signature of Authorized Representative

Jeremy Landa **Printed Name**



12/27/2022

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/29/2022 12:30 PM Fee Receipt: \$40.00

Cartificate of Withdrawal