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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/12/2023 9:28 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 Withdrawal (Foreign Business Entity)			WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu	S 14A and KRS 271 siness entity named	B, 273, 274, 275, 362 I below and, for that pu	or 386 the undersig	ned applies for a certificate following statements:
The name of the business ent	ity is CompuGain I	LC		
1. The hame of the business chi	(The name must	be identical to the name o	n record with the Secre	tary of State.)
2. The state or country of format	ion is			
The Secretary of State may for on the Secretary of State and Tax Department - Unisys Corpor	I commits to notify t	he Secretary of State of	ng street address an of any future change PA	ny process served es to this address: 19422
801 Lakeview Drive, Suite 100 Street Address (No Post Office Box Numbers)			tate	Zip Code
 The business entity is not trar in the Commonwealth or pursuar authority from the commissioner 	nt to KRS 14A.9-010	0(7) the business entity	nd surrenders its au r is a foreign insurei	thority to transact business with a certificate of
 The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan 	s its agent for servi- to transact busines	ce of process in any process in the Commonwealt	oceeding based on	a cause of action arising
This application will be effecti or the delayed effective date can	ve upon filing, unles not be prior to the d	ss a delayed effective of late the application is f	late and/or time is piled. The effective o	rovided. The effective date date is <u>May 26th 2023</u> .
I declare under penalty of perjury	under the laws of h	Kentucky that the forgo	ing is true and corr	ect.
(An Tolky)		Gary M. Polikoff		61,12:23
Signature of Authorized Representative	re	Printed Name		Date

FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.