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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/19/2022 11:26 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ate of Withdrav gn Business Entity		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the but				
The name of the business ent	ILV IS	ssociates Temps, Inc.		
	(The name	must be identical to the n	name on record with the S	Secretary of State.)
2. The state or country of formation is Georgia				
3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:				
1900 Avenue of the Americas, S	te. 1500	Los Angeles	CA	90067
Street Address (No Post Office Box No	ımbers)	City	State	Zip Code
 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. 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. 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 can				
I declare under penalty of perjury	under the law	s of Kentucky that the		& 17 12022
Signature of Authorized Representativ	e	5 FYMAUTH Printed Name	A (SCOMAL	Date