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# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

Michael G. Adams Received and Filed 4/14/2023 2:36:38 PM Fee receipt: \$20.00

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### KENTUCKY INSTITUTE ON FEDERAL TAXATION, INC.

2. The assumed name has been discontinued by:

## **KENTUCKY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS**

The date the origional certificate was filed: 3.

Thursday, November 12, 2009

The mailing address is: 4.

#### 1735 ALLIANT AVE, LOUISVILLE KY 402996326

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

**Brittany Samuels** 

4/14/2023