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mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed:

2/28/2025 2:58 PM 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	Certificate of Withdrawal (Foreign Business Entity)		WFE
business entity named below an	S 14A - 030 the undersigned applies for a c d, for that purpose, submits the following sta		wal on behalf of the
The name of the business en	(The name must be identical to the name	e on record with the	Secretary of State.)
2. The state or country of format	tion is Delaware		
3. The Secretary of State may for	orward to the business entity at the following dommits to notify the Secretary of State of		
500 Kendall Street	Cambridge	MA	02142
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to accepts its agent for service of process in any proto to transact business in the Commonwealth. ge in its mailing address.	s a foreign insurer of service of proces ceeding based on a	with a certificate of s on its behalf and a cause of action arising
I declare under penalty of perjury	under the laws of Kentucky that the forgoin	ig is true and corre	ct.
4746A5E63DEC450	Scott Dessing		25-Feb-2025 08:54 CET
Signature of Authorized Represen	tative Printed Name		Date

(02/23)