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

10/8/2024 2:27 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 and	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following st		al on behalf of the
1. The name of the business en	Apptio Inc.		
The state or country of format	(The name must be identical to the name	ne on record with the s	Secretary of State.)
3. The Secretary of State may fo	orward to the business entity at the following commits to notify the Secretary of State of		
c/o IBM Corporation, One I	New Orchard Road Armonk	NY	10504
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan	the authority of its registered agent to access its agent for service of process in any proto transact business in the Commonwealth ge in its mailing address.	is a foreign insurer w pt service of process oceeding based on a	on its behalf and cause of action arising
This application will be effection	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgo	ing is true and correc	t.
Lyndonddo Habeales Lyndonoddogaes, (1023-81) 2024-1031 (3 EDT)	Lynda Mo	rales	Oct 8, 2024
Signature of Authorized Represen	tative Printed Name		Date