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Michael G. Adams					
Kentucky Secretary of State					
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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		of Withdrawal siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and	for that purpose, st	ibmits the following stateme	ins.	
 The name of the business en 	DW-NATI	ONAL STANDARD)-NILES	LLC
1. The name of the business en	(The name must	be identical to the name on	record with t	the Secretary of State.)
2. The state or country of forma	tion is <u>DE</u>			
3. The Secretary of State may for on the Secretary of State and	prward to the busines d commits to notify th	s entity at the following stre e Secretary of State of any	et address a future chang	jes to tills address.
27501 BELLA VISTA		WARRENVILLE		60555
Street Address (No Post Office Bo		City	State	Zip Code

4. 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.

5. 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.

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

WILLIAM SAWITZ, TREASURER

13/24

Date

Signature of Authorized Representative

Printed Name