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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/18/2023 2:41 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov  | Certificate of With<br>(Foreign Business I                         |  | WFE                      |
|--|--|--|--------------------------|
| Pursuant to the provisions of KR business entity named below an  1. The name of the business en  2. The state or country of forma  3. The Secretary of State may formate the state of the business entity of of the busi | tity is Iconology, Inc  (The name must be identication is Delaware | e following statements: cal to the name on record with t | the Secretary of State.) |
|  | d commits to notify the Secreta                                    | •  |                          |
| 410 Terry Ave Nor  |  | attle WA   | 98109                    |
| Street Address (No Post Office Bo  | ox Numbers) City   | State  | Zip Code                 |
| <ol> <li>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.</li> <li>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.</li> <li>This application will be effective upon filing.</li> </ol>   |  |  |                          |
| I declare under penalty of perjury   | under the laws of Kentucky th                                      | at the forgoing is true and cor                          | rect.                    |
| Mark F. Hoffman  |  | rk F Hoffman   | January 12, 2023         |
| Signature of Authorized Represer   | tative Printe  | d Name   | Date                     |
|  |  |  |                          |