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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/2/2025 2:41 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
	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following s		val on behalf of the
1. The name of the business en			
	(The name must be identical to the na	me on record with the	Secretary of State.)
2. The state or country of format	tion is Nevada		
3. The Secretary of State may for	orward to the business entity at the following commits to notify the Secretary of State		
One Penn Plaza, 4th FL/LicensingU	JS New York	NY	10119
Street Address (No Post Office Bo	ox 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	the authority of its registered agent to acc its its agent for service of process in any particle to transact business in the Commonweal ge in its mailing address.	y is a foreign insurer we process roceeding based on a	with a certificate of s on its behalf and cause of action arising
Hollang Jan	under the laws of Kentucky that the forgo	ping is true and correc	12/30/2024
Signature of Authorized Represen	tative Printed Name		Date