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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2023 2:24 PM Fee Receipt: \$40.00



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

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		te of Withdrawa Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpos	e, submits the following		wal on behalf of the
1. The name of the business en	Phytogen So	eed Company, LLC		Secretary of State
<ol> <li>The state or country of format</li> <li>The Secretary of State may for on the Secretary of State and</li> </ol>	orward to the bus			
Kurt Van Thomme, 7100 NW 62nd	Avenue	Johnston	IA	50131
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
<ul> <li>4. The business entity is not trar in the Commonwealth or pursuar from the commissioner of the De</li> <li>5. The business entity revokes the Secretary of State as its agentime it was authorized to transacthe future of any change in its management.</li> <li>6. This application will be effection.</li> </ul>	nt to KRS 14A.9-( partment of Insur- the authority of its nt for service of p t business in the ailing address.	010(7) the business enti rance. registered agent to acc rocess in any proceedir	ty is a foreign insurer weept service of processing based on a cause of	with a certificate of authority on its behalf and appoints f action arising during the
I declare under penalty of perjury	under the laws		going is true and corre	
Signature of Authorized Represer	ntative	Jori Sawan Printed Name		10/17/2023 Date
Juliano or Austrollizou Hopitoool				

(07/20)