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Michael G. Adams Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Pivision of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

Certificate of Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

CWA

				Date
Signature of Authorized Party		Printed Name	Title	T0
Lathy Jeague		Kathy Teague	VP & Corp Secretary	9/25/2024
l declare under penalty of perjury ur	nder the laws of	Kentucky that the	forgoing is true and correct.	
			State	Zip
Street Address or Post Office Box Number	ers	City	KY	40202
680 South Fourth St.		Louisville		
6. The mailing address is:	y company	^	a Foreign Limited Liability Company	
a Domestic Limited Liability			a Foreign Corporation	
a Domestic Corporation			a Foreign Business Trust	
a Domestic Business Trust			a Foreign Limited Partnership	
a Domestic Limited Partnership			a Foreign Limited Liability Partnership	
a Domestic Limited Liability Partnership			a Foreign General Partnership	
a Domestic General Partn	70			
5. The "real name" is (you must che		2013		
4. The date the original certificate		/2015		
3. This application will be effective	e upon filing	wust be the exact nar	ne of the entity or partners)	
2. The assumed name has been				
The state of the s	(The name	ne must be identical t	o the name on record with the Secretary of State	e.)
1. The assumed name to be with				
Pursuant to the provisions of KRS submits the following statements:	365, the unders	signed applicant a	pplies to withdraw an assumed name and	I, for that purpo
www.sos.ky.gov				
(502) 564-3490	(Domestic o	r Foreign Busine	ss Entity)	