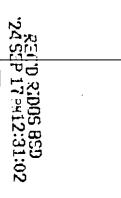


Application for Certificate of Withdrawal

FOREIGN Business Corporation

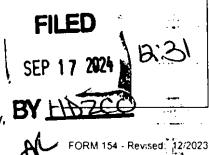
 \rightarrow Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-1.2-1412</u> and <u>7-1.2-1413</u>, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation is:		
000096642	CoreLogic Valuation Solutions, Inc.		
3. It is incorporated under the laws of: CA			
4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.			
process in any action, suit, or pro	egistered agent in this state to accept service of process, and oceeding based upon any cause of action arising in this state ansact business in this state may subsequently be made on the ate of the State of Rhode Island.	during the time the	
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State:			
40 Pacifica, Suite 900, Irvine, CA 92618			
7. The corporation certifies that it	has no outstanding tax obligations. As required by RIGL § 7-	1.2-1413, the corporation ha	as
paid all fees and taxes. [Note: Ta	ix status can be verified by emailing tax.collections@tax.ri.go	<u>¥.]</u>	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.			
9. Date when this certificate of w	ithdrawal will be effective: CHECK ONE BOX ONLY	2	
Date received (Upon filing)		· •	
Later effective date (Date must be no more than 90 days from the date of filing)			
10. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Of	fficer	Date	
Pam Davis - VP, Tax		09/16/2024	•
Signature of Authorized Officer of th	e Corporation		
Pain Davis			•
- un cruche		1943.	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

1. Jan 14

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 17, 2024 12:31 PM

Areg M. Couve

Gregg M. Amore Secretary of State

