

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company

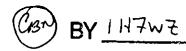
hereby cancels its registration to tr purpose submits the following stat	ransact business in the State of Rhode I ement:	sland, and for that
1. Entity ID Number:	2. The name of the limited liability company is:	
. 001341048	Cherokee Nation Healthcare Services, L.L.C.	
3. It is organized under the laws of	of: Cherokee Nation	
4. The entity is not transacting bu	siness in this state and surrenders its a	uthority to transact business in this state.
or proceeding arising out of the tr	gent, to accept service of process and c ansaction of business in the state of Rh of on the Department of State of the Sta	onsents that service of process in any action, suit ode Island, may thereafter be made on the limited ate of Rhode Island.
company that may be served on I		opy of any process against the limited liability
	ertifies that it has no outstanding tax obli s. [Note: tax status can be verified by er	gations. As required by RIGL <u>7-16-8</u> , the limited nailing tax.collections@tax.ri.gov.]
8. Date when the Cancellation wil	Il be effective: CHECK ONE BOX ONLY	
imes Date received (Upon filing)		
Later effective date (Date mu	ust be no more than 90 days from the da	ate of filing)
Under penalty of perjury, I declare all statements contained herein a		ertificate of Cancellation of Registration and that
Type or Print Name of Authorized Person		Date
Shelley Graham, Authorized Person		7/25/2025
Signatore of Authorized Person	(

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:09P

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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.