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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/20/2024 10:51 AM Fee Receipt: \$20.00

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

Division 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** 

submits the following statements:			
1. The assumed name to be withd	Irawn is 3M Medical Solutions		
	(The name must be identical to	the name on record with the Secretary o	of State.)
2. The assumed name has been o	discontinued by KCI USA, Inc.	a of the outiful or northern)	
3. This application will be effective	(wust be the exact hair	e of the entity or partners)	
<ol> <li>This application will be ellective</li> <li>The date the original certificate</li> </ol>			
5. The "real name" is (you must che			
a Domestic General Partn		a Foreign General Partnership	
a Domestic Limited Liabilit		a Foreign Limited Liability Partnership	
a Domestic Limited Partne	ership	a Foreign Limited Partnership	
a Domestic Business Trus	st .	a Foreign Business Trust	
a Domestic Corporation	X	x a Foreign Corporation	
a Domestic Limited Liabilit	ty Company	a Foreign Limited Liability Company	
3. The mailing address is:			
6103 Farinon Dr., Bldg. V	San Antonio	TX	78249
Street Address or Post Office Box Numb	pers City	State	Zip