

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0573303.06

dwilliams ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/17/2022 10:53 AM Fee Receipt: \$20.00

Division of Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)		ASN
following statement:	S 365, the undersigned applies to		purpose, submits the
<ol> <li>The assumed name is: Allian</li> </ol>	nceRx Walgreens Pharmacy #0339	7	
<ol><li>The name of the business er name:</li></ol>	atity (and in the case of general par	tnership, the partners) that is/	are adopting the assumed
Walgreens Mail Service, LLC			
Name must be identical to the name of	on record with the Secretary of State.)		
3. The "real name" is (you must o	check one):		
a Domestic General Partnership		a Foreign General Partnership	
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership	
a Domestic Business Trust		a Foreign Business Trust	
a Domestic Corporation		a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Liability Company	
a Domestic Statutory Trust		a Foreign Statutory Trust	
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association	
a Domestic Unincorporated Non-profit Association		a Foreign Unincorporated Non-profit Association	
the delayed effective cannot be	tive upon filing, unless a delayed e prior to the date the application is t and existing in the state or country o	filed. The effective date is	rovided. The effective date or
8350 S River Pkwy, Tempe AZ	85284-2615		
Street Address or Post Office Box No		State	Zip
I declare under penalty of perjuing the second of the seco	y under the laws of Kentucky that	the forgoing is true and correct  Corp. Sery.	5/12/2022 Date