



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov


Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is: ☒ profit corporation ☐ nonprofit corporation.
☐ professional service corporation ☐ business trust
☐ limited liability company ☐ limited partnership
☐ professional limited liability company ☐ statutory trust
☐ limited cooperative association ☐ non-profit LLC
☐ other
- The name of the company is: Network Medical Review Company, Ltd.
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Illinois.
- The entity received authority to transact business in Kentucky on 05/31/2012.
- The entity has changed its (check all that apply)
☒ Domicile name to Network Medical Review Company, LLC
☒ Name to be used in Kentucky to Network Medical Review Company, LLC
☐ Jurisdiction of organization to _____
☐ Period of duration _____
☒ Form of organization LLC
☒ Management type: ☒ Member managed ☐ Manager managed
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Clare Arguedas	General Counsel, Executive Vice President and Secretary	02/07/2024
Signature of Authorized Representative	Printed Name	Title	Date