0323325.04 mmoore WTH

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/18/2025 2:48 PM
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
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name to be withdrawn is FirstLine Medical.
(The name must be identical to the name on record with the Secretary of State.)

2. The assumed name has been discontinued by OptumRx, Inc.
(Must be the exact name of the entity or partners)

3. This application will be effective upon filing.

4. The date the original certificate was filed: 4/18/2024.

5. The "real name" is **(you must 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	X a Foreign Corporation
a Domestic Limited Liability Company	a Foreign Limited Liability Company

6. The mailing address is:

1 Optum Circle	Eden Prairie	MN	55344
Street Address or Post Office Box Numbers	**City**	**State**	**Zip**

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

/s/ Heather A. Lang	Heather A. Lang	Assistant Secretary	03/13/2025
Signature of Authorized Party	**Printed Name**	**Title**	**Date**

(2/23)