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Michael G. Adams Kentucky Secretary of State

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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

Signature of Authorized Party		Printed Name	Title	Date	
/s/ Heather A. Lang		Heather A. Lang	Assistant Secret	ary 03/13/2025	
I declare under penalty of perjury	under the laws of K	entucky that the forgo	ing is true and correct.		
Street Address or Post Office Box Nu	nbers	City	State	Zip	
1 Optum Circle		Eden Prairie	MN	55344	
6. The mailing address is:					
a Domestic Limited Liability Company		a Foreign Limited Liability Company			
a Domestic Corporation		x a Foreign Corporation			
a Domestic Business Trust		a Foreign Business Trust			
a Domestic Limited Partnership		a Foreign Limited Partnership			
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership			
a Domestic General Partnership		a For	a Foreign General Partnership		
5. The "real name" is (you must c	neck one):				
4. The date the original certification	te was filed: 5/4/2023				
3. This application will be effecti	ve upon filing.				
2. The assumed name has been	(Mus	t be the exact name of the	e entity or partners)		
	(The name m	lust be identical to the na	me on record with the Secretary of	State.j	
1. The assumed name to be wit	ndrawn is Optum Pers	onal Care Benefits	me on record with the Secretary of	State)	
Pursuant to the provisions of KR submits the following statements	:		o withdraw an assumed name	and, for that purpose,	
(502) 564-3490 www.sos.ky.gov					
(502) 564-3490	(-,,		