

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE ASN Michael G. Adams Kentucky Secretary of State Received and Filed: 5/15/2023 2:31 PM Fee Receipt: \$20.00

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| Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | | ty) | ASN |
|--|------------------------------------|-----------|---|------------------------|
| Pursuant to the provisions of KRS following statement: | 365, the undersigned applies to | assume | e a name and, for that pu | urpose, submits the |
| 1. The assumed name is: OneDigi | tal Advanced Health | | | |
| 2. The name of the business entit | y (and in the case of general par | tnership | , the partners) that is/are | e adopting the assumed |
| name: | | | | |
| OneDigital Medicare Services LLC | | | | |
| Name must be identical to the name on record with the Secretary of State.) | | | | |
| 3. The "real name" is (you must check one): a Domestic General Partnership a Domestic Limited Liability Partnership a Domestic Business Trust a Domestic Corporation a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association | | | a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation _x a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association | |
| 4. The business is organized and | existing in the state or country o | of Delaw | vare | |
| 5. The mailing address is: | | | | |
| 200 Galleria Pkwy, Ste 1950 | Atlanta | | GA | 30339 |
| Street Address or Post Office Box I | Numbers C | City | State | Zip |
| I declare under penalty of perjury | under the laws of Kentucky that t | the forgo | bing is true and correct. | |

 Chuck Ristau
 CHUCK RISTAU
 MANAGER
 04/14/2023

 Authorized Party Signature
 Printed Name
 Title
 Date