



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
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

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

following statement: **KineticRx**

1. The assumed name is: _____

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

CaremarkPCS Health, L.L.C.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

<input type="checkbox"/>	a Domestic General Partnership	<input type="checkbox"/>	a Foreign General Partnership
<input type="checkbox"/>	a Domestic Limited Liability Partnership	<input type="checkbox"/>	a Foreign Limited Liability Partnership
<input type="checkbox"/>	a Domestic Limited Partnership	<input type="checkbox"/>	a Foreign Limited Partnership
<input type="checkbox"/>	a Domestic Business Trust	<input type="checkbox"/>	a Foreign Business Trust
<input type="checkbox"/>	a Domestic Corporation	<input type="checkbox"/>	a Foreign Corporation
<input type="checkbox"/>	a Domestic Limited Liability Company	<input checked="" type="checkbox"/>	a Foreign Limited Liability Company
<input type="checkbox"/>	a Domestic Statutory Trust	<input type="checkbox"/>	a Foreign Statutory Trust
<input type="checkbox"/>	a Domestic Limited Cooperative Association	<input type="checkbox"/>	a Foreign Limited Cooperative Association
<input type="checkbox"/>	a Domestic Unincorporated Non-profit Association	<input type="checkbox"/>	a Foreign Unincorporated Non-profit Association


4. The business is organized and existing in the state or country of Delaware

5. The mailing address is:

1 CVS Drive	Woonsocket	RI	02895
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Street Address or Post Office Box Numbers	City	State	Zip
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I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.



Thomas S. Moffatt Vice President/Secretary

3/20/23

Printed Name _____

Title

Date _____