



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

1050836.09 dwilliams ASN
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

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:

- 1. The assumed name is: Passport by Molina Healthcare
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Molina Healthcare of Kentucky, Inc.

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

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

- Domestic General Partnership, Domestic Limited Liability Partnership, Domestic Limited Partnership, Domestic Business Trust, Domestic Corporation (checked), Domestic Limited Liability Company, Domestic Statutory Trust, Domestic Limited Cooperative Association, Domestic Unincorporated Non-profit Association, Foreign General Partnership, Foreign Limited Liability Partnership, Foreign Limited Partnership, Foreign Business Trust, Foreign Corporation, Foreign Limited Liability Company, Foreign Statutory Trust, Foreign Limited Cooperative Association, Foreign Unincorporated Non-profit Association

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is upon filing.

5. The business is organized and existing in the state or country of Kentucky.

6. The mailing address is:

5100 Commerce Crossings Drive Louisville Kentucky 40229
Street Address or Post Office Box Numbers City State Zip

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

DocuSigned by: Jeff Barlow
Jeff D. Barlow Secretary April 11, 2022
Authorized Party Signature Printed Name Title Date