Commonwealth of Kentucky Michael G. Adams, Secretary of State

0711438.06 Michael G. Adams Secretary of State Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Assumed Name

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:

ICARE RX

2. The name of the business entity that is adopting the assumed name:

TOTALMED PHARACEUTICALS, LLC

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

PO BOX 2497, LOUISVILLE KY 40201

This filing will be effective on Monday, November 11, 2024.

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

Signature of individual signing on behalf of **member: Sarah Jones** 11/11/2024 1:27:09 PM