#### 43678319

# Commonwealth of Kentucky Michael G. Adams, Secretary of St

1215952 Michael G. Adams KY Secretary of State Received and Filed 3/7/2023 2:17:04 PM

Fee receipt: \$20.00

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

## Certificate of Withdrawal of Assumed Name

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

## MEDICAL ADVANTAGE ACO

2. The assumed name has been discontinued by:

# **MA-TDC Group ACO Inc.**

3. The date the origional certificate was filed:

Friday, January 20, 2023

4. The mailing address is:

### 39555 Orchard Hills Place, Novi MI 48375

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

David A. McHale

3/7/2023