

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Secretary of State
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Certificate of Assumed Name

ASN

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

1. The assumed name is:

Telehealth Assurance

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

Telehealth Ky L.L.C.

3. This application will be effective upon filing.

4. The mailing address is:

485 Grove View Dr, Shepherdsville KY 40165

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

Jessica Kolle, Authorized Rep 2/20/2018