



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**0870170.06**mmore  
ASN

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 10/16/2023 3:09 PM  
 Fee Receipt: \$20.00

**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:

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

CARDIOSOLUTION, LLC

**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 Ohio
5. The mailing address is:

|  |             |              |            |
|--|-------------|--------------|------------|
| 4675 CORNELL ROAD, SUITE 100                     | CINCINNATI  | OH           | 45241      |
| <b>Street Address or Post Office Box Numbers</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |

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

|  |                     |              |             |
|--|---------------------|--------------|-------------|
| DocuSigned by:<br><u>Sean Ebner</u><br>A80F33A0378D42B | Sea Ebner           | Manager      | 10/10/2023  |
| <b>Authorized Party Signature</b>                      | <b>Printed Name</b> | <b>Title</b> | <b>Date</b> |