

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

W266

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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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, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**MEDVANTX SPECIALTY PHARMACY**

2. The assumed name has been discontinued by

**AMERIPHARM, INC.**

3. This filing will be effective on **Thursday, September 12, 2024.**

4. The date the original certificate was filed:

**Thursday, September 12, 2024**

5. The mailing address of the entity's principal office is

**12680 High Bluff Dr Ste 150 SUITE 230, San Diego, CA 92130**

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 **Authorized Party:**

**Victoria N Anderson**

9/12/2024 9:55:00 AM