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

1171874 Michael G. Adams KY Secretary of State Received and Filed 8/9/2022 1:04:03 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 The assumed name to be withdrawn is:

MY MEDICARE COVERAGE

2. The assumed name has been discontinued by:

GUIDED INSURANCE SOLUTIONS, LLC

3. The date the origional certificate was filed:

Monday, June 20, 2022

The mailing address is:

4211 W. BOY SCOUT BLVD., TAMPA FL 33607

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

Ariana Turoski

8/9/2022