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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/30/2023 9:57 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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)

Pursuant to the provisions	of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the
following statement:	
	Chordline Health
1. The assumed name is:	

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

Т .

Street Address or Post Office Box Numbers

Trinity Computer Services, Inc.				
Name must be identical to the name on record with the	ne Secretary of State.)			
3. The "real name" is (you must check one):				
a Domestic General Partnership		a Foreign General F	Partnership	
a Domestic Limited Liability Partners	hip	a Foreign Limited Li	ability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business	Trust	
a Domestic Corporation	~	🔄 a Foreign Corporatio	on	
a Domestic Limited Liability Company		ability Company		
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-prof	it Association	a Foreign Unincorpo	prated Non-profit Association	
4. The business is organized and existing in the sta	ate or country of De	elaware		
5. The mailing address is:	·			
4000 Shipyard Blvd, Ste 120	Wilmington	NC	28403	

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

Billie Jo Mitter	Billie Jo Nutter	CEO	8/29/2023
Authorized Party Signature	Printed Name	Title	Date

City

State

Zip