

Filing Fee: \$50.00

ID Number: 509303



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

2016 NOV 17 PM 2:44  
RECEIVED  
STATE OF RHODE ISLAND  
CORPORATIONS DIVISION

**STATEMENT OF ABANDONMENT OF  
USE OF FICTITIOUS BUSINESS NAME**

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

1. The legal name of the applicant business corporation, limited liability company, or limited partnership is: OptumRx, Inc.
2. The fictitious business name being abandoned is Prescription Solutions by OptumRx
3. The date when the original fictitious business name statement was filed is 10/04/2011
4. The state or territory under the laws of which it is incorporated, organized or formed is California
5. The date of incorporation, organization or formation is 08/10/1990
6. If a business corporation, the address of the registered office within Rhode Island is \_\_\_\_\_  
C T Corporation System, 450 Veterans Memorial Highway, Suite 7A, East Providence, RI 02914

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 11-3-2016

OptumRx, Inc.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Michelle M. Huntley  
Signature of Authorized Officer of the Corporation  
Michelle M. Huntley  
or Assistant Secretary

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

**FILED**

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BY CW 288780  
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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

