DOC ID ----> 201829601044

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/23/2018	201829601044	Fictitious Name/Assignment (NFA)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

JOHN JEFFREY GUIHER
20600 CHAGRIN BLVD SUITE 450
SHAKER HEIGHTS, OH 44122

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4081281

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FREEDOM HEALTHSHARE

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Fictitious Name/Assignment	**201829601044**

Effective Date: 10/23/2018

UNITED HEALTHSHARE, INC.
20600 CHAGRIN BLVD. SUITE 450
SHAKER HEIGHTS, OH 44122

Expiration Date: 10/06/2022

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of October, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201829601044

Form 524A Prescribed by:

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Trade Name or Fictitious Name Registration Update

Filing Fee: $25

Form Must Be Typed

- [x] (1) Assignment of Registered Name (116-RNA)
- [ ] (2) Change of Nature of Business (999-GEN)
- [ ] (3) Change of Address for Registrant (176-RNB)
- [ ] (4) Cancellation of Registration (184-RNX)
- [ ] (5) Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

Trade Name or Fictitious Name	FREEDOM HEALTHSHARE
Registration Number	4081281
Name of Current Registrant	Healthsharing Services LLC

Complete the information in this section if box (1) is checked above

New Registrant's Name: United Healthshare, Inc.

New Registrant's Charter/Registration/License Number in Ohio *(if applicable)*: 4159438

New Registrant's Address

Mailing Address: 20600 Chagrin Blvd. Suite 450

City: Shaker Heights State: Ohio ZIP Code: 44122

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name	Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

Complete the information in this section if box (3) is checked

Registrant's New Address

Mailing Address

City | State Ohio | ZIP Code

No additional information required if box (4) is checked above. Please sign form below.

Complete the information in this section if box (5) is checked

New General Partner(s) names(s) and addresses

Name	**Address**

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Healthsharing Services LLC
Signature

John Guiher, VP
By (if applicable)

John Guiher
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.