1371404.06 Michael G. Adams Secretary of State Received and Filed 8/18/2024 9:24:15 PM Fee receipt: \$20

ASN

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Assumed Name

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

RIVERSIDE DENTAL

2. The name of the business entity that is adopting the assumed name:

CHRISTIAN R. ZINT, D.M.D. PLLC

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

8636 Highway 27N, Butler KY 41006

This filing will be effective on Sunday, August 18, 2024.

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 **Owner: Christian Zint** 8/18/2024 9:24:15 PM