

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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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**

**ASN**

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:

**YOUNG SMILES PEDIATRIC DENTISTRY**

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

**ALEX MAYES YOUNG, D.M.D., PLLC**

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

**7400 HWY 42, FLORENCE KY 41042**

This application will be effective on **Friday, July 19, 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 **Authorized Member:**

**Alex Mayes Young, D.M.D.**

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