

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  
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<http://www.sos.ky.gov>

Certificate of Withdrawal of  
Assumed Name

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**BUTTERMILK FAMILY DENTISTRY**

2. The assumed name has been discontinued by

**KENTUCKY DENTAL PROFESSIONALS, P.S.C.**

3. This application will be effective on **Wednesday, June 19, 2024.**

4. The date the original certificate was filed:

**Monday, June 24, 2019**

5. The mailing address of the entity's principal office is

**618 BUTTERMILK PIKE, CRESCENT SPRINGS, KY 41017**

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 Person:**

**Jennifer Hiester**

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