

**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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**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:

DENTAL STUDIO OF BUTTERMILK

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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