

**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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Frankfort, KY 40602-0718  
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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 CROSSING DENTAL CARE**

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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