

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1082817.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/18/2024 2:23 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			
Pursuant to the provisions of KRS following statement:	365, the undersigned	d applies to assume a na	ame and, for that purp	pose, submits the
1. The assumed name is: Davis D	ental			
2. The name of the business entit	y (and in the case of	general partnership, the	partners) that is/are	adopting the assumed
name:				
Davis Dental KY LLC				
Name must be identical to the name	on record with the Se	ecretary of State.)		
a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statutor a Domestic Limited a Domestic Limited a Domestic Limited	I Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Associate porated Non-profit As	a Foa Foa Foa Foa Foa Foa Foa Foa Fo	preign General Partner preign Limited Liability preign Limited Partner preign Business Trust preign Corporation preign Limited Liability preign Statutory Trust preign Limited Cooper preign Unincorporated	Partnership ship Company
4. The business is organized and	existing in the state of	or country of Delaware		
5. The mailing address is:				
5300 Maryland Way, Suite 202		Brentwood	TN	37027
Street Address or Post Office Box I	lumbers	City	State	Zip
I declare under penalty of perjury	under the laws of Ken Fred Ward		is true and correct. Executive Officer Oc	ctober 10, 2024

Printed Name

Title

Date

Authorized Party Signature