

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

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Michael G. Adams
Secretary of State
Received and Filed
3/12/2025 10:57:21 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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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:

MIDWEST DENTAL FINANCIAL

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

REPUBLIC BANK & TRUST COMPANY

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

4. The mailing address is:

601 W. Market Street, Louisville KY 40202

This filing will be effective on **Wednesday, March 12, 2025.**

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 **Republic Bank & Trust Company, Secretary: Christy A. Ames**

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