

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1024420.09
Michael G. Adams
Secretary of State
Received and Filed
7/23/2024 2:47:50 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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<http://www.sos.ky.gov>

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:

THE CENTER FOR AESTHETIC AND IMPLANT DENTISTRY

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

BRYAN T. HARRIS, D.M.D., P.S.C.

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

4. The mailing address is:

12010 Shelbyville Rd, Louisville KY 40243-1095

This application will be effective on **Tuesday, July 23, 2024.**

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 **PRESIDENT: Bryan Harris**

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