

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

FAMILY DENTAL AND ADVANCED IMPLANT CENTER OF NORTHERN KENTUCKY

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

FDC Georgetown, PLLC

3. This application will be effective upon filing.

4. The mailing address is:

1006 LEAWOOD DRIVE, SUITE 200, FRANKFORT KY 40601

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Dwight P. Peters, D.M.D.
Manager

11/22/2023