

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

19511516

0579430
Michael G. Adams
KY Secretary of State
Received and Filed

11/22/2023 10:56:45 AM

Fee receipt: \$20.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 FRANKFORT

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

DR. PETERS, P.S.C.

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.

President

11/22/2023