# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

1257232 Michael G. Adams Received and Filed

2/6/2023 12:42:50 PM 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

65992714

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

1. The assumed name is:

#### COMPLETE DENTISTRY FOR ALL AGES

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

### MORGAN CHAMBERS DENTISTRY PLLC

- This application will be effective upon filing. 3.
- 4. The mailing address is:

#### 2032 BAMBOO DRIVE, Lexington KY 40513

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

> Morgan Chambers, DMD Dentist/owner 2/6/2023