

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

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0493533.09
Michael G. Adams
Secretary of State
Received and Filed
12/24/2024 9:36:25 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:

UNBRIDLED DENTAL CARE

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

DENTAL HEALTH PROFESSIONALS OF KENTUCKY, P.S.C.

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

4. The mailing address is:

1200 Network Centre Drive, Effingham IL 62401

This filing will be effective on **Tuesday, December 24, 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: Lorna Salyer, D.M.D.**

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