

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

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0493533.09
Michael G. Adams
Secretary of State
Received and Filed
2/26/2025 1:00:43 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:

DENTAL CARE AT TRIPLE CROWN

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 **Wednesday, February 26, 2025.**

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 R. Salyer**

2/26/2025 1:00:43 PM