

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Louisville Dental Sleep Medicine

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

Crossings Clinic Louisville, PLLC

3. This application will be effective upon filing.

4. The mailing address is:

5104 Charlestown Rd, New Albany IN 47150

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

Sara L. Denzinger-Rowe, Authorized Rep 5/5/2017