

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

C226

1408155.06
Michael G. Adams
Secretary of State
Received and Filed
11/11/2024 1:10:25 PM
Fee receipt: \$20

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, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

RILEY DENTAL GROUP - SCOTTSVILLE

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

RILEY FAMILY DENTISTRY SCOTTSVILLE PLLC

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

4. The mailing address is:

106 E Public Square, Scottsville KY 42164

This filing will be effective on **Monday, November 11, 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 **Manager: Matthew Riley DMD**

11/11/2024 1:10:25 PM