

**Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State**

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Elaine N. Walker  
Secretary of State  
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Elaine N. Walker  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Renewal Certificate of  
Assumed Name**

**REN**

This certifies that the assumed name of

**FALLS CITY FAMILY DENTISTRY**

is hereby renewed by

**CANE RUN SMILE CENTER, INC.**

a business entity organized and existing in the state of Kentucky.

**Signatures**

**Signature**

**Title**

**Date**

Susie J. Riley

President

6/12/2011 10:37:37 PM

