

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1294867.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/18/2024 2:29 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Assumed Name (Domestic or Foreign Business Entity)		ASN
	irsuant to the provisions of KRS lowing statement:	365, the undersigned applies to	assume a name and, for that	purpose, submits the
1.	The assumed name is: Premier Periodontics			
2.	The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assume			
	name:			
	emier Periodontics KY LLC			
Na	me must be identical to the nam	e on record with the Secretary of S	State.)	
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4.	The business is organized and	d existing in the state or country of	Delaware	
5.	The mailing address is:			
_	300 Maryland Way, Suite 202	Brentwo	ood TN	37027
_	reet Address or Post Office Box		ity State	Zip
Id	eclare under penalty of perjury	under the laws of Kentucky that t	he forgoing is true and correc	t.
•	Frees lines	Fred Ward	Chief Executive Officer	October 10, 2024
AL	thorized Party Signature	Printed Name	Title	Date