

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1232774.09

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

2/7/2023 2:50 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings

Certificate of Assumed Name

ASN

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Business	s Entity)	
following statement:	365.015, the undersigned applies t	o assume a name and	d, for that purpose, submits the
The assumed name is: ClearCh	noice Dental Implant Center		·
	entity (and in the case of general page	artnership, the partner	s) that is/are adopting the
	name on record with the Secretary of	State.)	
3. The entity type is (you must chec	k one):		
a Domestic General Partnership		a Foreign General Partnership	
a Domestic Limited	Liability Partnership	a Foreign Limited Liability Partnership	
a Domestic Limited	Partnership	a Foreign Limited Partnership	
a Domestic Business Trust		a Foreign Business Trust	
X a Domestic Corpora	ation	a Foreign Corporation	
a Domestic Limited	Liability Company	a Foreign Limited Liability Company	
a Domestic Statutory Trust		a Foreign Statutory Trust	
a Domestic Limited	Cooperative Association	a Foreign Limited Cooperative Association	
a Domestic Unincor	a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Associa		
4. The entity is organized and exis	sting in the state or country of Kent	ucky	
5. The mailing address is:			
9351 Viking Center Drive, Suite 102	Louisville	KY	40222
Street Address or Post Office Box N	Numbers City	S	tate Zip
I declare under penalty of perjury	under the laws of Kentucky that the		
Vinter O. Q	Sandra Zwijack	Secretary	02/07/2023
Authorized Party Signature	Printed Name	Title	Date