

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0937895.06

mmoore ASN

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

10/17/2024 1:18 PM Fee Receipt: \$20.00

Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed (Domestic or Foreign Busin		ASN
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to	assume a name and, for that	purpose, submits the
1. The assumed name is: Bohle F	amily Dentistry		
2. The name of the business entit	ty (and in the case of general pa	rtnership, the partners) that is/	are adopting the assumed
name:			
CPF Dental LLC			
Name must be identical to the nam	e on record with the Secretary of	State.)	
3. The "real name" is (you must che			
a Domestic General Partnershipa Foreign General Partnership			ACT 2000 4000 00 4000 1 \$ 100
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership			
a Domestic Limited Partnershipa Foreign Limited Partnership			
a Domestic Business Trusta Foreign Business Trust			
a Domestic Corporation a Foreign Corporation			
a Domestic Limited Liability Companya Foreign Limited Liability Company			
a Domestic Statutory Trusta Foreign Statutory Trust			
a Domestic Limited Cooperative Associationa Foreign Limited Cooperative Associa			operative Association
a Domestic Unincorporated Non-profit Associationa Foreign Unincorporated Non-profit Association			ated Non-profit Association
4. The business is organized and	existing in the state or country of	f_Delaware	
5. The mailing address is:			
5300 Maryland Way, Suite 202	Brentw	ood CA	37027
Street Address or Post Office Box	Numbers C	City State	Zip
I declare under penalty of perjury			
GRED WARD	Fred Ward	Chief Executive Officer	October 10, 2024
Authofized Party Signature	Printed Name	Title	Date