

## 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 1:29 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		
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to a	assume a name and, for that	purpose, submits the
1. The assumed name is: $\underline{\text{Westen}}$	Dental Group		
2. The name of the business entit	ty (and in the case of general parti	nership, the partners) that is/s	are adopting the assumed
name:			
CPF Dental LLC			
Name must be identical to the name	e on record with the Secretary of S	tate.)	
a Domestic Limiteda Domestic Businesa Domestic Corporaa Domestic Limiteda Domestic Statutora Domestic Limited	I Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association	D.I.	cility Partnership tnership rust cility Company
5300 Maryland Way, Suite 202	Brentwoo	od CA	37027
Street Address or Post Office Box N	Numbers Cit	ty State	Zip
I declare under penalty of perjury			
GRED WARD	Fred Ward	Chief Executive Officer	October 10, 2024
Authorized Party Signature	Printed Name	Title	Date