

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
Secretary of State  
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**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**Salter Family Dentistry**

2. The name of the business entity that is adopting the assumed name is:

**Thomas W. Salter, DMD PLLC**

3. This application will be effective upon filing.

4. The mailing address is:

**10205 Taylorsville Rd, Louisville KY 40299**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Thomas W. Salter**