DOC ID ----> 201518756689

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 07/09/2015 | 201518756689 | TRADE NAME REGISTRATION (RNO) | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

BURKE LAW OFFICE LLC
1589 BLACK WOLF DR
LEBANON, OH 45036

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2408716**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WEST CHESTER FAMILY DENTAL CENTER

and, that said business records show the filing and recording of:

| Document(s) | Document No(s): |
|---|---|
| **TRADE NAME REGISTRATION** | **201518756689** |

**Effective Date: 07/06/2015**

Date of First Use: 07/05/2015

Expiration Date: 07/06/2020

DR. LAN LAW, DDS, LLC
8780 SPOOKY HOLLOW RD
CINCINNATI, OH 45242

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of July, A.D. 2015.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201518756689

**Form 534A Prescribed by:**
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
*www.OhioSecretaryofState.gov*
*Busserv@OhioSecretaryofState.gov*

Date Electronically Filed: 7/6/2015

# Name Registration

## Filing Fee: $50

**CHECK ONLY ONE (1) Box**

☒ Trade Name
(167-RNO)

Date of first use: 7/5/2015
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

WEST CHESTER FAMILY DENTAL CENTER
Name being Registered or Reported

DR. LAN LAW, DDS, LLC
Name of the Registrant

**Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.**

Registrant's Entity Number (if registered with Ohio Secretary of State): 2398530

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Dentistry

Business address:

8780 SPOOKY HOLLOW RD
Mailing Address

CINCINNATI
City

OH
State

45242
ZIP Code

DOC ID ----> 201518756689

**Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.**

Provide the name and address of at least one general partner:

| Name | Address |
|---|---|
| | |
| | |
| | |

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**
Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

BURKE LAW OFFICE, LLC
Signature

TRAVIS E BURKE, ESQ
By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.