

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM689788

|                                                                                                                                                                                                 |                                     |                       |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|---------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT                      |                       |                     |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | ENTITY CONVERSION                   |                       |                     |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                                     |                       |                     |
| <b>Name</b>                                                                                                                                                                                     | <b>Formerly</b>                     | <b>Execution Date</b> | <b>Entity Type</b>  |
| Abbey Dental Center, Inc.                                                                                                                                                                       |                                     | 08/17/2021            | Corporation: NEVADA |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                                     |                       |                     |
| <b>Name:</b>                                                                                                                                                                                    | Abbey Dental Khanna PC              |                       |                     |
| <b>Street Address:</b>                                                                                                                                                                          | 4408 S. Eastern Ave                 |                       |                     |
| <b>Internal Address:</b>                                                                                                                                                                        | #200                                |                       |                     |
| <b>City:</b>                                                                                                                                                                                    | Las Vegas                           |                       |                     |
| <b>State/Country:</b>                                                                                                                                                                           | NEVADA                              |                       |                     |
| <b>Postal Code:</b>                                                                                                                                                                             | 89119                               |                       |                     |
| <b>Entity Type:</b>                                                                                                                                                                             | Professional Corporation: NEVADA    |                       |                     |
| <b>PROPERTY NUMBERS Total: 6</b>                                                                                                                                                                |                                     |                       |                     |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>                       | <b>Word Mark</b>      |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 5039920                             | ABBHEY DENTAL         |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 5248898                             | MIRACLE TEETH         |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 5737422                             | MIRACLE TEETH         |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 6048195                             | BIONIC SMILE          |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 5248937                             | DENTUREMAN            |                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 6065175                             | BIONIC DENTURES       |                     |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                                     |                       |                     |
| <b>Fax Number:</b>                                                                                                                                                                              |                                     |                       |                     |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> |                                     |                       |                     |
| <b>Email:</b>                                                                                                                                                                                   | eperrott@gerbenlawfirm.com          |                       |                     |
| <b>Correspondent Name:</b>                                                                                                                                                                      | Eric Perrott, Esq.                  |                       |                     |
| <b>Address Line 1:</b>                                                                                                                                                                          | 1050 Connecticut Ave. NW, Suite 500 |                       |                     |
| <b>Address Line 4:</b>                                                                                                                                                                          | Washington, D.C. 20036              |                       |                     |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | Eric Perrott, Esq.                  |                       |                     |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /Eric Perrott, Esq./                |                       |                     |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 11/22/2021                          |                       |                     |
| <b>Total Attachments: 6</b>                                                                                                                                                                     |                                     |                       |                     |

OP \$165.00 5039920

source=Abbey Dental Center, Inc. (conversion document)#page1.tif  
source=Abbey Dental Center, Inc. (conversion document)#page2.tif  
source=Abbey Dental Center, Inc. (conversion document)#page3.tif  
source=Abbey Dental Center, Inc. (conversion document)#page4.tif  
source=Abbey Dental Center, Inc. (conversion document)#page5.tif  
source=Abbey Dental Center, Inc. (conversion document)#page6.tif

|                                                      |                                   |
|------------------------------------------------------|-----------------------------------|
| Filed in the Office of<br><i>Barbara K. Cegavske</i> | Business Number<br>C21240-1999    |
| Secretary of State<br>State Of Nevada                | Filing Number<br>20211687360      |
|                                                      | Filed On<br>8/17/2021 12:26:00 PM |
|                                                      | Number of Pages<br>6              |



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(776) 684-5708  
Website: www.nvsos.gov

**Profit Corporation:**  
**Certificate of Amendment** (PURSUANT TO NRS 78.380 & 78.385/78.390)  
**Certificate to Accompany Restated Articles or Amended and Restated Articles** (PURSUANT TO NRS 78.403)  
**Officer's Statement** (PURSUANT TO NRS 80.030)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Entity information:</p>                                                                                                                        | <p>Name of entity as on file with the Nevada Secretary of State:<br/><b>ABBEY DENTAL CENTER, INC.</b></p> <p>Entity or Nevada Business Identification Number (NVID): <b>C21240-1999</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>2. Restated or Amended and Restated Articles:<br/>(Select one)<br/><i>(If amending and restating only, complete section 1, 2, 3, 5 and 8)</i></p> | <p><input type="checkbox"/> Certificate to Accompany Restated Articles or Amended and Restated Articles</p> <p><input type="checkbox"/> Restated Articles - No amendments; articles are restated only and are signed by an officer of the corporation who has been authorized to execute the certificate by resolution of the board of directors adopted on _____<br/>The certificate correctly sets forth the text of the articles or certificate as amended to the date of the certificate.</p> <p><input type="checkbox"/> Amended and Restated Articles</p> <p>* Restated or Amended and Restated Articles must be included with this filing type.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>3. Type of Amendment Filing Being Completed:<br/>(Select only one box)<br/><i>(If amending, complete section 1, 3, 5 and 8.)</i></p>              | <p><input type="checkbox"/> Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.380 - Before Issuance of Stock)<br/>The undersigned declare that they constitute at least two-thirds of the following:<br/>(Check only one box) <input type="checkbox"/> incorporators <input type="checkbox"/> board of directors<br/>The undersigned affirmatively declares that to the date of this certificate, no stock of the corporation has been issued</p> <p><input checked="" type="checkbox"/> Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.385 and 78.390 - After issuance of Stock)<br/>The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is: <b>100%</b></p> <p><input type="checkbox"/> Officer's Statement (foreign qualified entities only) -<br/>Name in home state, if using a modified name in Nevada:<br/>_____<br/>Jurisdiction of formation: _____<br/>Changes to takes the following effect:<br/><input type="checkbox"/> The entity name has been amended. <input type="checkbox"/> Dissolution<br/><input type="checkbox"/> The purpose of the entity has been amended. <input type="checkbox"/> Merger<br/><input type="checkbox"/> The authorized shares have been amended. <input type="checkbox"/> Conversion<br/><input type="checkbox"/> Other: (specify changes)</p> <p>* Officer's Statement must be submitted with either a certified copy of or a certificate evidencing the filing of any document, amendatory or otherwise, relating to the original articles in the place of the corporations creation.</p> |

This form must be accompanied by appropriate fees.



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

**Profit Corporation:**  
**Certificate of Amendment** (PURSUANT TO NRS 78.380 & 78.385/78.390)  
**Certificate to Accompany Restated Articles or Amended and**  
**Restated Articles** (PURSUANT TO NRS 78.403)  
**Officer's Statement** (PURSUANT TO NRS 88.030)

4. Effective Date and Time: (Optional)      Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (must not be later than 90 days after the certificate is filed)

5. Information Being Changed: (Domestic corporations only)      Changes to takes the following effect:

- The entity name has been amended.
- The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- The purpose of the entity has been amended.
- The authorized shares have been amended.
- The directors, managers or general partners have been amended.
- IRS tax language has been added.
- Articles have been added.
- Articles have been deleted.
- Other.

The articles have been amended as follows: (provide article numbers, if available)  
 1. The Articles of Incorporation of this corporation, which was organized under NRS Chapter 78, are being amended hereby, such that this corporation will be a professional corporation organized under NRS Chapter 89.  
 See attached additional page.  
 (attach additional page(s) if necessary)

6. Signature: (Required)

X \_\_\_\_\_ PRESIDENT  
 Signature of Officer or Authorized Signer      Title

X \_\_\_\_\_  
 Signature of Officer or Authorized Signer      Title

\*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.385 and 78.390  
- After Issuance of Stock)

(Continued - Additional page for Number 5 - Information being changed)

2. Giving effect to the filing of this Certificate of Amendment, the original Articles of Incorporation of this corporation (the "*Long-Form Articles of Incorporation*"), as amended hereby, will be in force and effect, and as well, incident to the filing of this Certificate of Amendment, Articles of Incorporation for this corporation in the form prescribed by the Nevada Secretary of State (the "*Standard Form of Articles of Incorporation*") are being filed, in accordance with applicable regulatory requirements.

3. Consistent with the provisions of Article 1 of the Standard Form of Articles of Incorporation, Article I of the Long-Form Articles of Incorporation is amended and restated as follows: "The name of the professional corporation is ABBEY DENTAL KHANNA PC".

4. Consistent with the provisions of Article 7 of the Standard Form of Articles of Incorporation, Article III of the Long-Form Articles of Incorporation is amended and restated in its entirety as follows: "The corporation is organized for the purposes of the practice of dentistry, matters incidental thereto, and any other lawful activity, within or outside of the State of Nevada."

5. Consistent with the provisions of Article 8 of the Standard Form of Articles of Incorporation, Section 4.01 of Article IV of the Long-Form Articles of Incorporation is amended and restated in its entirety as follows:

"Section 4.01 Number and Class. The amount of the total authorized capital stock of this corporation is TWENTY-FIVE HUNDRED (2500) shares, \$0.01 par value, designated as Common Stock. The Common Stock may be issued from time to time without action by the stockholders. The Common Stock may be issued for such consideration as may be fixed from time to time by the Board of Directors.

The Board of Directors may issue such shares of Common Stock in one or more series, with such voting powers, designations, preferences and rights or qualifications, limitations or restrictions thereof as shall be stated in the resolution or resolutions adopted by them."



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-6708  
 Website: www.nvsos.gov  
 www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

## Formation - Profit Corporation

NRS 78 - Articles of Incorporation Domestic Corporation     NRS 80 - Foreign Corporation     NRS 89 - Articles of Incorporation Professional Corporation

### 78A Formation - Close Corporation

(Name of Close Corporation MUST appear in the below heading)

Articles of Formation of \_\_\_\_\_ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

**1. Name of Entity:**

(If foreign, name in home jurisdiction)

ABBEY DENTAL KHANNA PC

**2. Registered Agent for Service of Process:**

(Check only one box)

Commercial Registered Agent (name only below)     Noncommercial Registered Agent (name and address below)     Office or Position with Entity (title and address below)

ALAN C. SKLAR

Name of Registered Agent OR Title of Office or Position with Entity

Street Address \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

**2a. Certificate of Acceptance of Appointment of Registered Agent:**

*I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.*

x Alan C. Sklar \_\_\_\_\_ 07/26/2021  
 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity    Date

**3. Governing Board:**

(NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors  Yes  OR  No

**4. Names and Addresses of the Board of Directors/ Trustees or Stockholders**

(NRS 78: Board of Directors/ Trustees is required.)

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) MICHAEL A.C. KHANNA, DDS    U.S.A.  
 Name    Country  
 4408 S. EASTERN AVE. #200    LAS VEGAS    NV    89119  
 Street Address    City    State    Zip/Postal Code

2) \_\_\_\_\_  
 Name    Country  
 Street Address    City    State    Zip/Postal Code

3) \_\_\_\_\_  
 Name    Country  
 Street Address    City    State    Zip/Postal Code

**5. Jurisdiction of Incorporation:** (NRS 80 only)

5a. Jurisdiction of incorporation: \_\_\_\_\_

5b. I declare this entity is in good standing in the jurisdiction of its incorporation.

This form must be accompanied by appropriate fees.

Page 1 of 2  
 Revised: 10/9/2018

TRADEMARK  
 REEL: 007502 FRAME: 0732



BARBARA K. CEGAUSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov  
 www.nvsilverflume.gov

**Formation -  
 Profit Corporation**  
 Snnmrm dc, Page 2

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|--------|----------------------------|-----------------------------------------|-------------------------------------|---------------|--------------------------------------------|-------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|--|--|
| <b>6. Benefit Corporation:</b><br><small>(For NRS 78, NRS 76A, and NRS 88, optional. See instructions.)</small>                                                                                                                                             | By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 76B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes<br><input type="checkbox"/> |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <b>7. Purpose/Profession to be practiced:</b><br><small>(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)</small>                                                                                               | DENTIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <b>8. Authorized Shares:</b><br><small>(Number of shares corporation is authorized to issue)</small>                                                                                                                                                        | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Number of Authorized shares with Par value:</td> <td style="width: 25%;">2,500</td> <td style="width: 25%;">Par value: \$ 0.0100000000</td> </tr> <tr> <td>Number of Common shares with Par value:</td> <td></td> <td>Par value: \$</td> </tr> <tr> <td>Number of Preferred shares with Par value:</td> <td></td> <td>Par value: \$</td> </tr> <tr> <td>Number of shares with no par value:</td> <td></td> <td></td> </tr> </table> <p><small>If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.</small></p>                                                                                                                                                                                                                                 |                                 | Number of Authorized shares with Par value: | 2,500  | Par value: \$ 0.0100000000 | Number of Common shares with Par value: |                                     | Par value: \$ | Number of Preferred shares with Par value: |                                           | Par value: \$                                                | Number of shares with no par value:                  |  |  |
| Number of Authorized shares with Par value:                                                                                                                                                                                                                 | 2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Par value: \$ 0.0100000000      |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| Number of Common shares with Par value:                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Par value: \$                   |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| Number of Preferred shares with Par value:                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Par value: \$                   |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| Number of shares with no par value:                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <b>9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.</b><br><br><b>Name, Address and Signature of the Incorporator for NRS 78, 76A, and 88. NRS 89 - Each Organizer/Incorporator must be a licensed professional.</b> | <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">MICHAEL A.C. KHANNA, DDS</td> <td style="width: 40%;">U.S.A.</td> </tr> <tr> <td><small>Name</small></td> <td><small>Country</small></td> </tr> <tr> <td>4408 S. EASTERN AVE. #200 LAS VEGAS</td> <td>NV 89119</td> </tr> <tr> <td><small>Address</small></td> <td><small>City State Zip/Postal Code</small></td> </tr> <tr> <td><input checked="" type="checkbox"/> Michael A.C. Khanna, DDS</td> <td style="text-align: right;"><small>(attach additional page if necessary)</small></td> </tr> </table> |                                 | MICHAEL A.C. KHANNA, DDS                    | U.S.A. | <small>Name</small>        | <small>Country</small>                  | 4408 S. EASTERN AVE. #200 LAS VEGAS | NV 89119      | <small>Address</small>                     | <small>City State Zip/Postal Code</small> | <input checked="" type="checkbox"/> Michael A.C. Khanna, DDS | <small>(attach additional page if necessary)</small> |  |  |
| MICHAEL A.C. KHANNA, DDS                                                                                                                                                                                                                                    | U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <small>Name</small>                                                                                                                                                                                                                                         | <small>Country</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| 4408 S. EASTERN AVE. #200 LAS VEGAS                                                                                                                                                                                                                         | NV 89119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <small>Address</small>                                                                                                                                                                                                                                      | <small>City State Zip/Postal Code</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |
| <input checked="" type="checkbox"/> Michael A.C. Khanna, DDS                                                                                                                                                                                                | <small>(attach additional page if necessary)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                             |        |                            |                                         |                                     |               |                                            |                                           |                                                              |                                                      |  |  |

**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)

Nevada State Board of Dental Examiners

Notify the Nevada State Board of Dental Examiners of incorrect  
information: (702) 486-7044 or FAX (702) 486-7046



6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044  
FAX (702) 486-7046

3354

Dentist

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd, Bldg. A, Ste. 1, Las Vegas, NV 89118  
(702) 486-7044 Fax (702) 486-7046

This is to Certify that

Michael Khanna DDS

is entitled to Practice as a licensed Dentist

License Number: 3354

Status: Active

Valid from July 01, 2021 through June 30, 2023

Cut along the dotted line

## PLEASE READ CAREFULLY

Amount Paid : \$ 600.00

Date Paid : 06/22/2021

Invoice Number : 10824

NAC 631.150 Filing of licensee's addresses; display of licenses.

1. Each licensee shall file with the Board the addresses of his permanent residence and the office or office where he conducts his practice.
2. Within 30 days after any changes occurs in any of there addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.
3. The licensee shall display his license and any permit issues by the Board, or a copy thereof, at each place where he practices.

TRADEMARK

RECORDED: 11/22/2021

REEL: 007502 FRAME: 0734