



**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU  
CORPORATIONS DIVISION**

|               |   |
|---------------|---|
| Date Received | (FOR BUREAU USE ONLY)                     |
|               | <b>FILED</b>                              |
|               | <b>OCT 19 2021</b>                        |
|               | ADMINISTRATOR<br>CORPORATIONS DIVISION    |
|               | <b>EXPIRATION DATE: DECEMBER 31, 2026</b> |

TranInfo:1 24815806-1 10/14/21  
Chk#: 2242 Amt: \$10.00  
ID: 800985050

**CERTIFICATE OF RENEWAL OF ASSUMED NAME  
For use by Corporations**

**800985050**

(Please read information and instructions on reverse side)

Identification Number

*Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) or Act 162, Public Acts of 1982 (nonprofit corporations), the corporation in item one executes the following Certificate:*

1. The corporate name, resident agent, and mailing address of the registered office are:

WEST BLOOMFIELD CENTER FOR DENTISTRY, P.C.

DARREN E YOUNG  
5807 W MAPLE RD STE 181  
WEST BLOOMFIELD, MI 48322

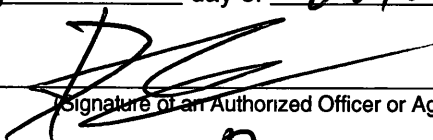
2. The assumed name under which business is transacted is:

DARREN YOUNG DDS

3. The registration of the assumed name is extended for a period expiring on December 31 of the fifth full calendar year following the year in which this renewal is filed, unless sooner terminated.

4. The document is hereby signed as required by the Act.

Signed this 11 day of October, 2021

By   
(Signature of an Authorized Officer or Agent)  
Darren Young  
(Type or Print Name)