MINNESOTA SECRETARY OF STATE CERTIFICATE OF ASSUMED NAME Minnesota Statutes, 333 The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection

in order to enable customers to be able to identify the true owner of a business. ASSUMED NAME: TridentCare PRINCIPAL PLACE OF BUSI-NESS: 930 Ridgebrook Road, 3rd Floor

Sparks, MD 21152 NAMEHOLDER(S): Kan-Di-Ki, LLC 930 Ridgebrook Road, 3rd Floor Sparks, MD 21152 I, the undersigned, certify that I am signing this document as the

person whose signature is required. or as agent of the person(s) whose signature would be required who has authorized me to sign this

document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Stat-

utes. I understand that by signing this document I am subject to the

penalties of perjury as set forth in

Section 609.48 as if I had signed this document under oath.

DATE FILED: December 28, 2018

SIGNED BY: Andrei Soran Published in the

> Sun Focus February 1, 8, 2019 902157