

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: Trusted Insurance Agency Inc. DBA Central Insurance Agency

PRINCIPAL PLACE OF BUSINESS:

5100 Thimsen Avenue #228

Minnetonka, MN 55345

NAMEHOLDER(S):

Trusted Insurance Agency Inc.
DBA Central Insurance Agency

205 1st Avenue East

Cambridge, MN 55008

Dave Peterson

85 Lakeview Avenue

Excelsior, MN 55331

Marcy Johnson

7356 380th Trail NW

Dalbo, MN 55017

April Goranson

4286 317th Avenue NE

Cambridge, MN 55008

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 Statutes. 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: August 28, 2018

SIGNED BY: David Peterson

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