MINNESOTA SECRETARY OF STATE CERTIFICATE OF ASSUMED NAME Minnesota Statutes. Chapter 333

The filing of an assumed name does not provide a user with exclu-

sive 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: Historical Hastings Dialysis PRINCIPAL PLACE

OF BUSINESS: 200016th Street

Attn: JLD/SecGovFin. Denver CO 80202 USA APPLICANT(S): Total Renal Care, Inc.

1828 Market Boulevard Hastings MN 55033 USA By typing my name, I, the un-

dersigned, 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 BY: Stephanie N. Berberich MAILING ADDRESS:

signed this document under oath.

Attn: JLD/SecGovFin. El Segundo CA 90245 **EMAIL FOR** OFFICIAL NOTICES:

601 Hawaii Street

None Provided Published in the

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