

MINNESOTA SECRETARY OF STATE CERTIFICATE OF ASSUMED NAME

Minnesota Statutes, Chapter 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:

Zanon Pharma Consulting

PRINCIPAL PLACE

OF BUSINESS:

4840 GAYWOOD DR

MINNETONKA MN 55345 USA

APPLICANT(S):

Roger Louis Zanon Jr

4840 GAYWOOD DR

MINNETONKA MN 55345 USA

By typing my name, 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.

SIGNED BY:

Roger Louis Zanon Jr

MAILING ADDRESS:

4840 GAYWOOD DR

MINNETONKA MN 55345

EMAIL FOR

OFFICIAL NOTICES:

None Provided

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