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: Caledonia Rehabilitation & Retirement Center

PRINCIPAL PLACE OF BUSINESS:
425 N. Badger Street
Caledonia, MN 55921

NAMEHOLDER(S):
425 N. Badger Street
Caledonia OpCo, LLC
330 2nd Avenue South, Suite 150
Caledonia, MN 55921

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: April 26, 2018
SIGNED BY: William Zayac

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