

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:

Open Circle of Hopkins

PRINCIPAL PLACE

OF BUSINESS:

34 10TH AVE S

HOPKINS MN 55343 USA

APPLICANT(S):

Open Circle Adult Day Center

7171 OHMS LN

EDINA MN 55439 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:

Joyce Wallace

MAILING ADDRESS:

7171 OHMS LN

EDINA MN 55439

EMAIL FOR

OFFICIAL NOTICES:

joyce.wallace@cassialife.org