

**OFFICE OF THE MINNESOTA
SECRETARY OF STATE
CERTIFICATE OF ASSUMED NAME**

Pursuant to Chapter 333, Minnesota Statutes; the undersigned, who is or will be conducting or transacting a commercial business in the State of Minnesota under an assumed name, hereby certifies:

1. The assumed name under which the business is or will be conducted is:

Kathleen Corkle Scrubs

2. The street address of the principal place of business is or will be:

2 Hackberry Ln

North Oaks, MN 55127

3. The name and street address of all persons conducting business under the above Assumed Name, including any corporation that may be conducting this business.

Kathleen Corkle

2 Hackberry Ln

North Oaks, MN 55127

I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this certificate under oath.

Dated: December 3, 2018

Signed: Cheyenne Moseley

Published two times in the Shoreview Press on December 11 and 25, 2018.