

Public Notices

**OFFICE OF MINNESOTA
SECRETARY OF STATE
Assumed Name/Certificate of
Assumed Name**

Minnesota Statutes Chapter 333

1. List the exact assumed name under which the business is or will be conducted: **Fit to the CORE**

2. Principal place of business:

544 Monroe Street SE, Hutchinson, MN 55350

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address:

CORE Exercise Studio, LLC, 544 Monroe Street SE, Hutchinson, MN 55350, Sarah R. Skoog, 544 Monroe Street SE, Hutchinson MN 55350

4. 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 certificate under oath.

Sarah Skoog

11/05/12

FILED: November 5, 2012

Mark Ritchie

Secretary of State

**OFFICE OF MINNESOTA
SECRETARY OF STATE
Assumed Name/Certificate of
Assumed Name**

Minnesota Statutes Chapter 333

1. List the exact assumed name under which the business is or will be conducted: **Kilgren Photography**

2. Principal place of business:

865 Merrill Street SW, Hutchinson, MN 55350

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address:

Nicholas Steven Kilgren, 865 Merrill Street SW, Hutchinson, MN 55350, Kristin Ane Kilgren, 865 Merrill Street SW, Hutchinson, MN 55350

4. 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 certificate under oath.

Nicholas S. Kilgren

10/28/12

FILED: October 28, 2012

Mark Ritchie

Secretary of State
