

July 27-August 3
**Office of the Minnesota
Secretary of State
Certificate of Assumed Name
Minnesota Statutes,
Chapter 333**

Assumed Name: Revitalize
Therapeutic Massage

Principal Place of Business: 603 N.
Main St., Warren, MN 56762 USA

Nameholder: Kjarsti LaMae Moen,
10951 260th St. NE, Newfolden, MN
56738

By typing my name, I, the under-
signed, certify that I am signing this
document as the person whose signa-
ture 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 chap-
ter of Minnesota Statutes. I under-
stand 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: Kjarsti Moen
10951 260th St. NE
Newfolden, MN 56738