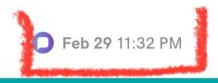


Kim v

from Upload Your Notice Form

and for confirmation of approval that your notice has been Posted

Warm Regards



Congratulations Your notice has been approved and posted and your link is now active below you will find your link that is valid for 30 days after that your notice will be time stamped and archived. If you would like to extend the duration of your post please donate another \$20 per 30 day increments.

when you go to post your link in the paper be sure to add a title for example:

"Valente, Kimberly ann's Notice" and then your link

your link 🛡 🛡 🛡

https://publicnotice.world/kimberlyanne-valente

If you have any questions or concerns or need any assistance please don't hesitate to reach out thank you for choosing publicnotice.world your place to post and SAVE

Warm Regards,

Office of the 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:

KIMBERLY ANNE VALENTE

PRINCIPAL PLACE OF BUSINESS: Care of, PO BOX 613 Hammonton New Jersey 00000 USA

NAMEHOLDER(S):

Name:

Address:

VALENTE, KIMBERLY

ANNE

Care of PO BOX 613 Care of 236 Park Ave Hammonton New Jersey 00000 USA .

Kimberly Anne Valente

Care of PO BOX 613 Care of 236 Park Ave

Hammonton New Jersey 00000 USA

VALENTE ANNE KIMBERLY

Care of 236 Park Ave Care of PO BOX 613 Hammonton New Jersey 00000 USA

:Kimberly- Anne: Valente., **Authorized Representitive**

Care of 236 Park Ave Care of PO Box 613 Hammonton New Jersey 00000 USA

Valente, Kimberly Anne

Care of 236 Park Ave Care of PO Box 613

Hammonton New Jersey 00000 USA

VALENTE, KIMBERLY A.

Care of PO BOX 613 Care of 236 Park Ave Hammonton New Jersey 00000 USA

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

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: :Kimberly-Anne:Valente., Authorized Representitive

MAILING ADDRESS:

None Provided

EMAIL FOR OFFICIAL NOTICES:

kvalente777@aol.com



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STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
01/01/2024 11:59 PM

Steve Simon Secretary of State

Oteve Vimm