

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: **MELANIE IRENE YOUNG**

PRINCIPAL PLACE OF BUSINESS: care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA

NAMEHOLDER(S):

Name:	Address:
Ishmael Elijah Thomas Newson	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Newson, Melanie Irene	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
:Melanie- Irene: Newson; Authorized Representative	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Melanie Irene Newson	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Young-Newson, Melanie Irene	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
:Melanie- Irene: Young; Newson; Authorized Representative	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Melanie Irene Young-Newson	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Young, Melanie Irene	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
:Melanie- Irene: Young; Authorized Representative	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Melanie Irene Young	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
Newson, Ishmael Elijah Thomas	care of [2220] East Palmdale Boulevard 900176 Palmdale California 00000 USA
:Ishmael- Elijah:Thomas Newson; Authorized Representative	care of [2220] East Palmdale Boulevard 900176 Palmdale California 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: :Melanie-Irene:Young; Authorized Representative

MAILING ADDRESS: None Provided

EMAIL FOR OFFICIAL NOTICES: zizekmomo@yahoo.com



Work Item 1443164600026
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STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
12/31/2023 11:59 PM

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State



Melanie Irene Young ▾



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