

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: TRAVIS MAVIL WEST

PRINCIPAL PLACE OF BUSINESS: care of, Betty Martin Drive Carville Louisiana 00000 USA

NAMEHOLDER(S):

Name:

:Travis- Mavil: West.,
authorized agent

Travis Mavil West

West, Travis Mavil

Address:

care of, Betty Martin Drive Carville Louisiana
00000 USA

care of,5090 Betty Martin Dr Carville Louisiana
00000 United States

care of, Betty Martin Drive Carville Louisiana
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: :Travis-Mavil: West., authorized agent

MAILING ADDRESS: None Provided

EMAIL FOR OFFICIAL NOTICES: twest759@gmail.com



Work Item 1422678000024
Original File Number 1422678000024

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
10/25/2023 11:59 PM

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

Steve Simon
Secretary of State



Travis M West ▾

from Upload Your Notice Form



 12/27/23 3:13 PM

Tap to view attachment

[attachments-36c44d26-06ff-4c99-93ee-b09329f0aab...](#)

This is the link to my assumed name filing.

 12/27/23 3:37 PM

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Travis M West ▾

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Congratulations Your notice has been approved and posted below you will find your link that is valid for 30days 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.

<https://publicnotice.world/travis-mavil-west>

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Louisiana, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, Antony J. Blinken, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twelfth day of September, 2023.

*Issued pursuant to CHXIV, State of
Sept. 15, 1789, 1 Stat. 68-69; 22
USC 2657; 22USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure.*

Antony J. Blinken
Secretary of State
By Kenneth W. Kimbark
Assistant Authentication Officer,
Department of State

AFFIDAVIT OF OWNERSHIP

State of Louisiana

Parish of Iberville

RE: Birth Certificate/In Compliance with Minnesota Rule 220 Birth Certificates

I the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts recited, and the party named in said birth certificate is the same party as one of the owners named in said certificate of title.

Travis Mavili West

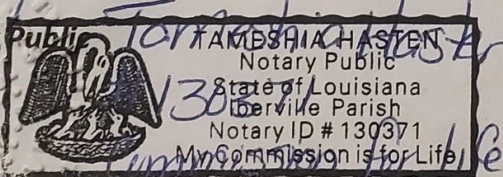
Autograph

Signed and sworn to before me on this 2 day of January, 2024

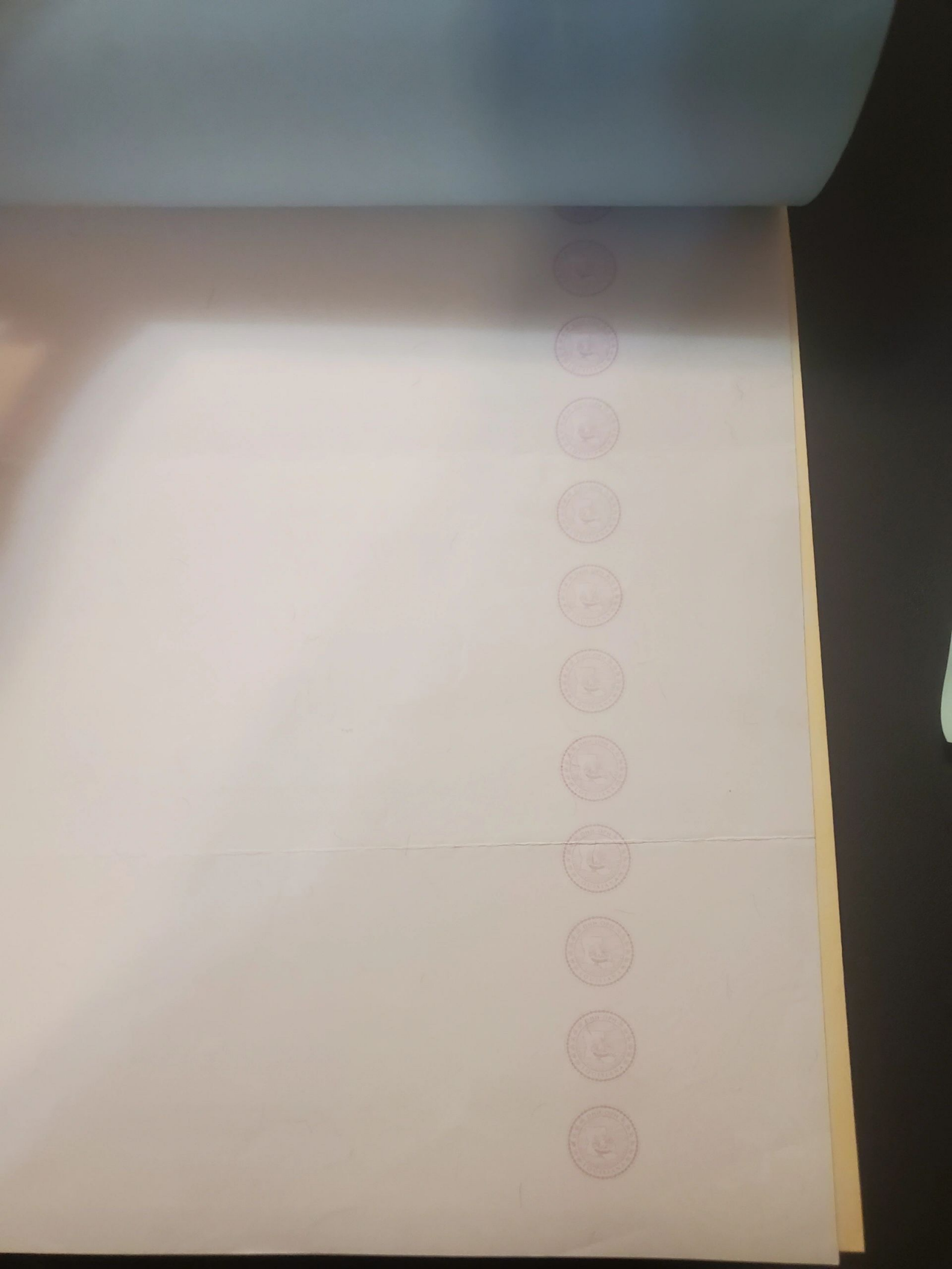
Terreshia Hasten

upon death

Notary Public



Commission Expires



R. KYLE ARDOIN
SECRETARY OF STATE



R. Kyle Ardoin
SECRETARY OF STATE

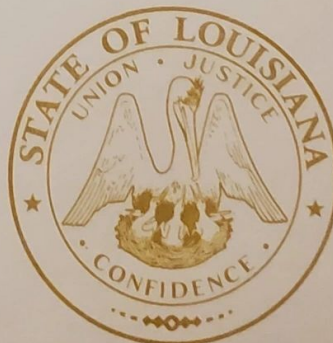
As Secretary of State, of the State of Louisiana, I do hereby certify that

DEVIN GEORGE is the State Registrar, Bureau of Vital Records and Statistics, State of Louisiana; that he is authorized to execute certificates and other instruments relative to the Bureau of Vital Records and that the signature and seal appearing on the attached document has been compared with the signature and seal on file in this office and appears to be the signature and seal of DEVIN GEORGE, State Registrar, Bureau of Vital Records and Statistics, State of Louisiana.

*In testimony whereof, I have hereunto set
my hand and caused the seal of my office to
be affixed at the City of Baton Rouge on,*

May 30, 2023

Secretary of State



STATE OF LOUISIANA
CERTIFICATE OF LIVE BIRTH

Birth
No. 1

1A. CHILD'S LAST NAME West		1B. FIRST NAME Travis		1C. SECOND NAME Mavil		2A. DATE OF BIRTH March 25, 1979	
3. SEX—GIRL OR BOY? Boy		4. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		2B. HOUR OF BIRTH 7:17 a.m.	
6A. PLACE OF BIRTH (CITY, TOWN, OR LOCATION) Alexandria						6B. PARISH OF BIRTH Rapides	
6C. NAME OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL, OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Frances Cabrini						6D. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7A. USUAL RESIDENCE OF MOTHER (CITY, TOWN OR LOCATION) Alexandria				7B. PARISH Rapides		7C. STATE Louisiana	
7D. STREET ADDRESS—(IF RURAL, INDICATE LOCATION) 1431 Hardtner						7E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8A. FULL NAME OF FATHER Charles Lee West				8B. CITY AND STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Pineville, La.		8C. AGE (AT TIME OF THIS BIRTH) 25	
8A. FULL MAIDEN NAME OF MOTHER Mary Elizabeth Frisco				8B. CITY AND STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Pineville, La.		8C. AGE (AT TIME OF THIS BIRTH) 17	
I certify that the above stated information is true and correct to the best of my knowledge.		10. SIGNATURE OF PARENT OR OTHER INFORMANT Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Mary West				11. DATE OF SIGNATURE March 27, 1979	
12. MOTHER'S MAILING ADDRESS 1431 Hardtner Alexandria, Louisiana		13. SIGNATURE OF ATTENDANT Linda Brown				14. DATE OF SIGNATURE 30 March 79	
15. DATE ACCEPTED BY LOCAL REGISTRAR April 3, 1979		16. SIGNATURE OF LOCAL REGISTRAR Cherie B. Harrison				17. DATE FILED BY STATE REGISTRAR APR 4 1979	

JAN 18 2023



009395256

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Devin George
DEVIN GEORGE
STATE REGISTRAR

