

**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: **Kinect Well-ness**

Principal Place of Business:
26468 County Highway 4 Pelican Rapids MN 56572 USA

Nameholder(s): **Zachary Consulting, LLC; 26468 County Highway 4 Pelican Rapids MN 56572 USA**

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 I had signed this document under oath.

Signed by: **Jack Emmer**

Mailing Address:

**26468 County Highway 4,
Pelican Rapids MN 56572**

Email for official notices:

jeff0701@yahoo.com

1-26-2-c