

# 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: **DUSTIN LEE PLATTNER**

PRINCIPAL PLACE OF BUSINESS: **NAC: 560FQ NN31W In care of: 2910 S. Archibald Ave., #A645 Ontario State of California 91761 The United States of America**

NAMEHOLDER(S):

Name:  
**Plattner, Dustin**

Address:  
**NAC: 560FQ NN31W In care of: 2910 S. Archibald Ave., #A645 Ontario State of California 91761 The United States of America**

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: **Plattner, Dustin**

MAILING ADDRESS: **None Provided**

EMAIL FOR OFFICIAL NOTICES: **agent@fibonnacci1123.com**



**Work Item 1251370100026**  
**Original File Number 1251370100026**

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OFFICE OF THE SECRETARY OF STATE  
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*Steve Simon*

Steve Simon  
Secretary of State