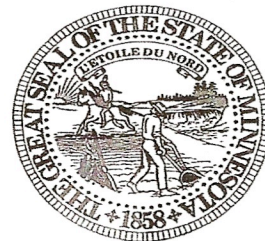


# Office of the Minnesota Secretary of State

## Assumed Name | Certificate of Assumed Name

Minnesota Statutes, Chapter 333



Read the instructions before completing this form.

Filing Fee: \$30.00

**Note: An Annual Renewal is required to be filed once every calendar year, beginning in the calendar year following the original filing with the Secretary of State.**

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 consumers to be able to identify the true owner of a business.

1. List the exact assumed name under which the business is or will be conducted: (Required)

Devin Smith Scholarship Foundation

2. Principal Place of Business: (Required)

1365 Idaho Ave. West	Falcon Heights	MN	55108
Street Address ( <i>A PO Box by itself is not acceptable</i> )	City	State	Zip

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address: (Required)  
Attach additional sheet(s) if necessary.

The Devin Lomax Bolkcom Smith Scholarship Fund	1365 Idaho Ave. West	Falcon Heights	MN	55108
Name	Street	City	State	Zip

Name	Street	City	State	Zip
------	--------	------	-------	-----

Name	Street	City	State	Zip
------	--------	------	-------	-----

4. 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.

<u>Todd Parriott</u>	<u>2/3/12</u>
Signature ( <i>Only one nameholder or an authorized agent is required to sign</i> )	Date

Todd Parriott, Treasurer  
Print Name and Title

### Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

mbolkcom@hmbglaw.com

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

# Office of the Minnesota Secretary of State

Assumed Name | Certificate of Assumed Name

Minnesota Statutes, Chapter 333



List a name and daytime phone number of a person who can be contacted about this form:

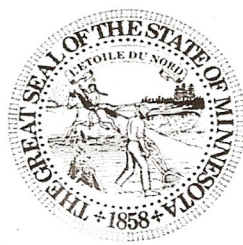
Todd Parriott

651-766-5724

Contact Name

Phone Number

Entities that own, lease or have any financial interest in agricultural land or land capable of being farmed must register with the Department of Agriculture.



**Work Item 468892000026**  
**Original File Number 468892000026**

**STATE OF MINNESOTA**  
**OFFICE OF THE SECRETARY OF STATE**  
**FILED**  
**02/13/2012 4:30 PM**

*Mark Ritchie*

Mark Ritchie  
Secretary of State



# Affidavit of Publication

State of Minnesota }  
County of Ramsey } SS

ANNE THILLEN, being duly sworn, on oath, says that he/she is the publisher or authorized agent and employee of the publisher of the newspaper known as ROSEVILLE REVIEW, and has full knowledge of the facts which are stated below:

(A) The newspaper has complied with all of the requirements constituting qualification as a qualified newspaper, as provided by Minnesota Statute 331A.02, 331A.07, and other applicable laws, as amended.

(B) The printed CERTIFICATE OF ASSUMED NAME which is attached was cut from the columns of said newspaper, and was printed and published once each week, for 2 successive weeks; it was first published on TUESDAY, the 21<sup>ST</sup> day of FEBRUARY, 20 12, and was thereafter printed and published on every TUESDAY to and including TUESDAY, the 28<sup>TH</sup> day of FEBRUARY, 20 12; and printed below is a copy of the lower case alphabet from A to Z, both inclusive, which is hereby acknowledged as being the size and kind of type used in the composition and publication of the notice:

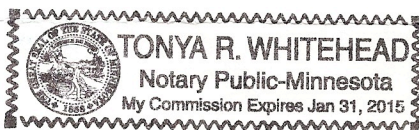
\*ABCDEFGHIJKLMNPOQRSTUVWXYZ  
\*ABCDEFGHIJKLMNPOQRSTUVWXYZ  
\*abcdefghijklmnopqrstuvwxyz

BY: Anne M. Thillen  
TITLE LEGAL COORDINATOR

Subscribed and sworn to before me on  
this 28<sup>TH</sup> day of FEBRUARY, 20 12.

Tonya R. Whitehead  
Notary Public

\*Alphabet should be in the same size and kind of type as the notice.



## RATE INFORMATION

- (1) Lowest classified rate paid by commercial users for comparable space.....\$25.00 per col. inch
- (2) Maximum rate allowed by law for the above matter .....\$25.00 per col. inch
- (3) Rate actually charged for the above matter .....\$ per col. inch

**CERTIFICATE OF  
ASSUMED NAME  
STATE OF MINNESOTA**

**Minnesota Statutes Chapter 333:**

1. List the exact assumed name under which the business is or will be conducted: Devin Smith Scholarship Foundation

2. Principal Place of Business: 1365 Idaho Ave. West, Falcon Heights, MN 55108

3. List the name and complete street address of all persons conducting business under the above Assumed Name: The Devin Lomax Bolkcom Smith Scholarship Fund, 1365 Idaho Ave. West, Falcon Heights, MN 55108

4. 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.

Date: 2/3/12

**/s/ Todd Parriott  
Treasurer**

(Roseville Review: Feb. 21, 28, 2012)