

(When required)

RECORDING REQUESTED BY AND MAIL TO:

DAILY COMMERCE

~ SINCE 1917 ~

915 E FIRST ST, LOS ANGELES, CA 90012
Mailing Address: P.O. Box 54026, Los Angeles, California 90054-0026
Telephone (213) 229-5300 / Fax (213) 229-5481

YURI LEE
5802 E GOSSAMER ST
OCEANSIDE
LONG BEACH, CA - 90808

PROOF OF PUBLICATION

(2015.5 C.C.P.)

State of California)
County of Los Angeles) ss

Notice Type: LEGAL2 - LEGAL NOTICE-2

Ad Description:
YURI IMUTA

I am a citizen of the United States and a resident of the State of California; I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am the principal clerk of the printer and publisher of the DAILY COMMERCE, a newspaper published in the English language in the city of LOS ANGELES, county of LOS ANGELES, and adjudged a newspaper of general circulation as defined by the laws of the State of California by the Superior Court of the County of LOS ANGELES, State of California, under date 10/30/1981, Case No. 599760. That the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

09/14/2018, 09/21/2018

Executed on: 09/21/2018
At Los Angeles, California

I certify (or declare) under penalty of perjury that the foregoing is true and correct.



Signature



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This space for filing stamp only

DC #: 3174321

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: YURI IMUTA
PRINCIPAL PLACE OF BUSINESS: 5802 E Gossamer St Long Beach California 90808 United States

NAMEHOLDER(S): Imuta, Yuri
Address: 5802 E Gossamer St Long Beach California 90808 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 if I had signed this document under oath.

SIGNED BY: Imuta, Yuri

MAILING ADDRESS: 5802 E Gossamer St Long Beach California 90808

EMAIL FOR OFFICIAL NOTICES:

yilee@360viewinc.com

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STATE OF MINNESOTA

OFFICE OF THE SECRETARY OF
STATE

9/14, 9/21/18

DC-3174321#