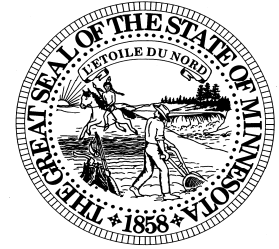


# Office of the Minnesota Secretary of State

## Consent to the Use of Name



Read the instructions before completing this form.

**Filing Fee: \$35.00 per form**

1. Name you wish to register: (Required) \_\_\_\_\_

2. Name already on file: (Required) \_\_\_\_\_

3. Address of business already on file: (Required)

\_\_\_\_\_  
Street Address City State Zip Code

**4. PLEASE HAVE THIS PORTION COMPLETED BY THE HOLDER OF THE NAME ALREADY ON FILE:**

I grant consent to register the name listed on line 1 to:

\_\_\_\_\_  
(List the name of the person or entity registering the new name)

Located at:

\_\_\_\_\_  
Street Address City State Zip Code

(Check one)  unconditionally  with the following conditions: **NOTE:** Conditions must be privately enforced.

5. 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 on behalf of the previous holder of this name, who has authorized me to sign this document on his/her behalf. 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.

\_\_\_\_\_  
Signature of Authorized Person or Authorized Agent Date

\_\_\_\_\_  
Print Name and Position

### 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:

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

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

\_\_\_\_\_  
Contact Name Phone Number

## INSTRUCTIONS

Please complete this form if this office has a business name already on file that is similar to the name you wish to register. If you are unable to locate the holder of the name already on file, you may be able to file an Abandoned Name Affidavit.

**Submit this form along with the original filing or amendment you wish to record. Complete one form for each name already on file.**

Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the business name you wish to register. (Required)
2. List the business name on file with this office that is in conflict with the name you are filing. (Required)
3. List the address of the business on file with this office. (Required)
4. The next section must be completed by the holder of the name that is already on file with this office. (Required)
5. Signature of authorized representative or agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).)

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fee: \$35.00 Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.