## AFFIDAVIT OF PUBLICATION

STATE OF MINNESOTA )
COUNTY OF HENNEPIN

I do solemnly swear that the notice, as per the proof, was published in the edition of the

SC Bloomington Richfield

with the known office of issue being located in the county of:

HENNEPIN

with additional circulation in the counties of: HENNEPIN

and has full knowledge of the facts stated below:

- (A) The newspaper has complied with all of the requirements constituting qualification as a qualified newspaper as provided by Minn. Stat. §331A.02.
- (B) This Public Notice was printed and published in said newspaper(s) once each week, for 2 successive week(s); the first insertion being on 05/15/2025 and the last insertion being on 05/22/2025.

MORTGAGE FORECLOSURE NOTICES

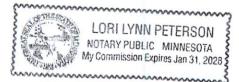
Pursuant to Minnesota Stat. §580.033 relating to the publication of mortgage foreclosure notices: The newspaper complies with the conditions described in §580.033, subd. 1, clause (1) or (2). If the newspaper's known office of issue is located in a county adjoining the county where the mortgaged premises or some part of the mortgaged premises described in the notice are located, a substantial portion of the newspaper's circulation is in the latter county.

By:

Designated Agent

Subscribed and sworn to or affirmed before me on 05/22/2025.

Notary Public



Rate Information:

(1) Lowest classified rate paid by commercial users for comparable space:

\$27.40 per column inch

Ad ID 1468783

## 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:
MARK JON VERMILYEA
PRINCIPAL PLACE
OF BUSINESS:
c/o 9617 Edgewood Road
Bloomington MN 55438 USA
APPLICANT(S):
Vermilyea, Mark-Jon:
C011-17
Bloomington Minnesota 00000
USA

By typing my name, I, the un-dersigned, 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:
Mark Jon Vermilyea
MAILING ADDRESS:
c/o 9617 Edgewood Road
Bloomington MN 55438
EMAIL FOR
OFFICIAL NOTICES:
mjvthd@gmail.com

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