

YOUR RETURN MAILING ADDRESS

NAME: NICKIE KLUGE

ADDRESS: 13300 CROSSROADS PARKWAY NORTH SUITE 450

CITY: CITY OF INDUSTRY

STATE: CA ZIP CODE: 91746



FILED EXPIRES
Jul 21 2017 Jul 21 2022

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by YUN JU NORRISON

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

Original- \$28.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
 Amended (New) Filing- \$28.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
 Raffle- \$28.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
\$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. HELUNA HEALTH	2. PHFE
Print Fictitious Business Name(s)	
** 13300 CROSSROADS PARKWAY NORTH SUITE 450	
Street address of principal place of business	
CITY OF INDUSTRY	LA COUNTY
City	
CA	91746
State /Country Zip	
Articles of Incorporation or Organization Number (if applicable): AI #ON 550687	

***REGISTERED OWNER(S):

1. PUBLIC HEALTH FOUNDATION ENTERPRISES	2.
Full Name/Corp/LLC (P.O. Box not accepted)	Full Name/Corp/LLC (P.O. Box not accepted)
13300 CROSSROADS PARKWAY NORTH SUITE 450	
Residence Address	Residence Address
CITY OF INDUSTRY CA 91746	
City State/Country Zip	City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization	If Corporation or LLC - Print State of Incorporation/Organization
3.	4.
Full Name/Corp/LLC (P.O. Box not accepted)	Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address	Residence Address
City State/Country Zip	City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization	If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

***THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
 a General Partnership
 a Limited Partnership
 a Limited Liability Company
 an Unincorporated Association other than a Partnership
 a Corporation
 a Trust
 Copartners
 a Married Couple
 Joint Venture
 State or Local Registered Domestic Partners
 a Limited Liability Partnership

****The date registrant started to transact business under the fictitious business name or names listed above: N/A
(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

REGISTRANT(S)/CORP/LLC NAME (PRINT) PUBLIC HEALTH FOUNDATION ENTERPRISES TITLE CEO

REGISTRANT SIGNATURE IF CORP OR LLC, PRINT NAME DR. BLAYNE CUTLER

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17813 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: _____, Deputy

Rev. 01/2014 P.O. BOX 1208, NORWALK, CA 90651-1208 PH: (562) 462-2177 WEB ADDRESS: LAVOTE.NET

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk

JUL 21 2017

Deane C. Loyn REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA

