FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

Original: $35.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
Amended (New) Filing: $35.00 (CHANGES IN FACTS FROM ORIGINAL FILING—REQUIRES PUBLICATION)
Rereg: $35.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
$8.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION $8.00 - FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

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

1. HELINA HEALTH
   2. PHFE

13300 CROSSROADS PARKWAY NORTH SUITE 450

CITY OF INDUSTRY: CA ZIP CODE: 91746 LA COUNTY

CITY STATE/COUNTRY ZIP

Articles of Incorporation or Organization Number (if applicable): AI ON 550667

REGISTRED OWNER(S):

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

2. Full Name/Corp LLC (P.O. Box not accepted)
   Residence Address
   City: State/Country Zip
   If Corporation or LLC - Print State of Incorporation/Organization

3. Full Name/Corp LLC (P.O. Box not accepted)
   Residence Address
   City: State/Country Zip
   If Corporation or LLC - Print State of Incorporation/Organization

4. Full Name/Corp LLC (P.O. Box not accepted)
   Residence Address
   City: State/Country Zip
   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 ☐ an Unincorporated Association other than a Partnership ☐ a Partnership
☐ a Married Couple ☐ a Joint Venture ☐ a State or Local Registered Domestic Partnership ☐ a Limited Liability Partnership

The date registrant started to transact business under the fictitious business name or names listed above: N/A

I declare that all information in this statement is true and correct.

(REQUIRED TO BE SIGNED) DR. BLAYNE CUTLER

REGISTRANT/S/ CORPORATION NAME (PRINT): PUBLIC HEALTH FOUNDATION ENTERPRISES

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 BUSINESS 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 17913 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 IDENTIFY 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

Rev. 01/2014 P.O. BOX 1208, NORWALK, CA 90651-1208 PH: (562) 482-2177 WEB ADDRESS: LAVOTE.NET

Page 1 of 1
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

Diane L. Logan, Registrar-Recorder/County Clerk
Los Angeles County, California