I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN BOREN

Electronic Signature of Signing Officer/Director Detail

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F17000001874

Entity Name: THE DULUTH CLINIC, INC.

Current Principal Place of Business:

3500 TOWER AVENUE STE C SUPERIOR, WI 54880

Current Mailing Address:

3500 TOWER AVENUE STE C SUPERIOR, WI 54880 US

FEI Number: 41-0883623

Name and Address of Current Registered Agent:

CT CORPORATION 1200 SOUTH PINE ISLAND ROAD STE 250 PLANTATION, FL 33324 US

Certificate of Status Desired: No

Secretary of State

9808266380CC

Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CNIK	Title	D
Name	NIKCEVICH, DANIEL A MD.PHD	Name	MIHALEK, JOSEPH J
Address	400 EAST THIRD STREET	Address	1409 HAMMOND AVENUE STE 330
City-State-Zip:	DULUTH MN 55805	City-State-Zip:	SUPERIOR WI 54880
		- :	DIDECTOR
Title	CFO,P	Title	DIRECTOR
Title Name	CFO,P BOREN, KEVIN S	Title Name	DIRECTOR RENIER, TOM
	,		

01/06/2022

TREASURER

Date