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# Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **MN8ABR003614298**

## Payment Details

**Description** MN Secretary of State  
http://www.sos.state.mn.us/

**Payment Amount** \$15.00

**Payment Date** 09/25/2024

**Status** PROCESSED



## Payment Method

**Payer Name** Brett Weaver

**Card Number** \*3854

**Card Type** Visa

**Approval Code** 025643

**Confirmation Email** brett.l.weaver@gmail.com

## Billing Address

**Address 1** 261 5th Street East #505

**City** Saint Paul

**State** MN

**Zip Code** 55101

