



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Certificate of State Board Registration**

Professional License No. \_\_\_\_\_

This is to certify that each of the persons named below, as incorporators and/or shareholders of a proposed Professional

Corporation named \_\_\_\_\_  
*Name of Corporation*

are duly licensed or registered to practice the profession of \_\_\_\_\_  
*Name of Profession*

in the State of Missouri with \_\_\_\_\_  
*Name of Board*

Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address— City or Town
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above name(s) of Incorporator(s) are hereby approved by this State Board.

\_\_\_\_\_  
*Authorized Signature of State Board*                      *Printed Name*                      *Title*                      *Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_