This form is designed to be filled out online for your convenience. Please read the instructions carefully. Complete the necessary information, print, sign and mail.

Print Reset

State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 2050 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Registration of Fictitious Name

(Submit with filing fee of $7.00)
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check all that apply:

☐ New Registration ☐ Renewal X_____ Registration # ☐ Amendment X_____ Registration # ☐ Correction X_____ Registration #

The undersigned is doing business under the following name and at the following address:

Business name to be registered: _____

Business Address: _____

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: _____

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # of Owner Required If Owned by a Business Entity	Street and Number (PO Box Alone Not Acceptable)	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

_____ *Authorized Signature* *Printed Name* *Date*

_____ *Authorized Signature* *Printed Name* *Date*

_____ *Authorized Signature* *Printed Name* *Date*

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____