

Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 Toll-Free (866) 223-6535

Sworn Statement

State of)		
County of)		
Name:		
Address:		
City:	State: 7	Zip Code:
Regarding entity:		
Charter Number:		
Date:		
Statement:		
The undersigned understands that false under Section 575.060 RSMo.	statements made in this statement are punishable for the co	rime of making a false declaration
Signature	Printed Name	Date