



State of Missouri

John R. Ashcroft, Secretary of State

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

Application for Reservation of Name

*(Submit fee of \$25.00 for each business entity except Limited Liability Partnerships)
(Submit a fee of \$30.00 for each Limited Liability Partnership)*

The undersigned requests that the following name be reserved for designating a corporation, limited partnership, limited liability company, or limited liability partnership.

Name to be reserved: _____

This name reservation is for a 60-day period. You may submit additional name reservations for the same name, but please note the name you are reserving may only be reserved for a maximum of 180 days per Missouri statutes.

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 provided under Section 575.040, RSMo)

Reserved by:

Signature *Printed Name* *Title* *Date*

Street *City/State/Zip*

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____