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# 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 Certificate of Authority For a Foreign Cooperative Association

(Submit with filing fee of \$105.00)

- The association name is \_\_\_\_\_  
and it is organized and existing under the laws of \_\_\_\_\_
- The name it will use in Missouri is \_\_\_\_\_  
(The name shall contain the designation "Cooperative Association," "Co-op," "Association," or "C.A.")
- The date of its association was \_\_\_\_\_, and the period of its duration is \_\_\_\_\_  
*month/day/year*
- The address of its principal place of business is \_\_\_\_\_  
*Address* *City/State/Zip*
- The name and physical address of its registered agent and office in the State of Missouri is  
\_\_\_\_\_  
*Name* *Address* *City/State/Zip*

The Secretary of State is appointed as the agent of the foreign cooperative association for service of process if the association fails to maintain a registered agent in Missouri or if the agent cannot be found or served in the exercise of due diligence.

6. The cooperative association's purpose complies with Section 351.1006 RSMo.

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)

<i>Authorized Person</i>	<i>Printed Name</i>	<i>Title</i>	<i>Date</i>
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Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in the state of domicile.

<p>Name and address to return filed document:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, and Zip Code: _____</p>
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