



State of Missouri

John R. Ashcroft, Secretary of State

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

Cancellation of Registration of Fictitious Name

(No Fee Required)

Registration Number of fictitious name, filed with our office, to be cancelled: X _____

Name of fictitious name, filed with our office, to be cancelled: _____

Business address of above listed fictitious name registration at time of filing to be cancelled

Signature of at least one owner as listed on fictitious name to be cancelled

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 575.060 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: _____