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

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 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 one box:

☐ New Registration ☐ Renewal X_____ Charter number ☐ Amendment X_____ Charter number ☐ Correction X_____ Charter number

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 # Required If Business Entity**	**Street and Number**	**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)

_____ _____ _____
Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

_____ _____ _____
Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

_____ _____ _____
Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____