



State of Missouri
John R. Ashcroft, Secretary of State

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

Certificate of State Board Registration

Professional License No. _____

This is to certify that each of the persons named below, as incorporators and/or shareholders of a proposed Professional

Corporation named _____
Name of Corporation

are duly licensed or registered to practice the profession of _____
Name of Profession

in the State of Missouri with _____
Name of Board

Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address-- City or Town
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above name(s) of Incorporator(s) are hereby approved by this State Board.

Authorized Signature of State Board *Printed Name* *Title* *Date*

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____