

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:			
	n 60-day period. You may submit additional n nly be reserved for a maximum of 180 days p		but please note the
(The undersigned understands t	ts stated above are true and correct: hat false statements made in this filing are subj	ect to the penalties provided under Section	on 575.040, RSMo)
Reserved by:			
Signature	Printed Name	Title	Date
Street	City/State/Zip		
Name and address to return f	ïled document:	٦	
Name:			
City, State, and Zip Code:			