

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

Cancellation of Registration of Fictitious Name (No Fee Required)

	A	
Registration Number of fictitious name, f	filed with our office, to be cancelled: X	
Name of fictitious name, filed with our o	office, to be cancelled:	
Business address of above listed fictitiou	s 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
	Printed Name	Date
Name and address to return filed docum	nent:	
Name:		
Address:		
City State and Zip Code:		