

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

Certificate of State Board Registration

Professional License No		_	
his is to certify that each of the po	ersons named below, as incorpora	tors and/or shareholders of a pro-	posed Professional
orporation named	Name of Cor		
re duly licensed or registered to p	ractice the profession of	Name of P	rofession
n the State of Missouri with	Name of I	Board	
Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address– City or Town
•		Ü	•
		-	
	-		-
The above name(s) of Incorporator	(s) are hereby approved by this S	tate Board.	
uthorized Signature of State Board	Printed Name	Title	Date
unorized Signature of State Board	1 rimea name	Tine	Dute
			SEAL
			SLAL
Name and address to return filed	document:		
Name:			
Address:			
City, State, and Zip Code:			