



**State of Missouri**  
John R. Ashcroft, Secretary of State

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

**Cancellation of Registration of Fictitious Name**

*(No Fee Required)*

Registration Number of fictitious name, filed with our office, to be cancelled: X \_\_\_\_\_

Name of fictitious name, filed with our office, to be cancelled: \_\_\_\_\_

Business address of above listed fictitious 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*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_