

State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 X001388295
Date Filed: 2/26/2020
Expiration Date: 2/26/2025
John R. Ashcroft
Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00) (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box: New X Registration Renewal Amendment Correction Charter number Charter number Charter number The undersigned is doing business under the following name and at the following address: Business name to be registered: Missouricom Business Address: 101 N. Main Street P.O. Box 175 (PO Box may only be used in addition to a physical street address) City, State and Zip Code: New Florence, MO 63363-0175 **Owner Information:** If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are: Charter # Name of Owners, Required If If Listed, Percentage **Individual or Business Business** of Ownership Must **Entity Entity** Street and Number City and State Zip Code **Equal 100%** FARBER TELEPHONE **COMPANY** T00253619 201 South Main Farber, MO 63345 100.00 All owners must affirm by signing below 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 of a false declaration under Section 575.060 RSMo) FARBER TELEPHONE COMPANY - Brian FARBER TELEPHONE COMPANY - BRIAN **McCartney MCCARTNEY** 02/26/2020 Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Name and address to return filed document:	
Name:	Brian McCartney
Address:	Email: bmccartney@brydonlaw.com
City, State, and Zip Code:	