X001227180
Date Filed: 9/9/2015
Expiration Date: 9/9/2020
Jason Kander
Missouri Secretary of State

State of Missouri

Jason Kander, Secretary of State

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

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 Registration ☐ Renewal X_____ Charter number ☐ Amendment X_____ Charter number ☐ Correction X_____ 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:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
New Florence Telephone Company, T00000634, 150 S. Main, PO Box 269, Rockland, ID 83271					

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)

Garrin Bott, President

Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

Owner's Signature or Authorized Signature of Business Entity *Printed Name* *Date*

Name and address to return filed document:

Name: Brian McCartney

Address: 312 East Capitol Avenue

City, State, and Zip Code: Jefferson City, MO 65101

ORI-09092015-1617 State of Missouri
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Fictitious Name Registration