

Address: Email:

City, State, and Zip Code:

State of Missouri

John R. Ashcroft, Secretary of State

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

X001749427 Date Filed: 12/14/2022 Expiration Date: 12/14/2027 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:

\boxtimes	New Registration	Renewal	Charter number	□ Amendme	ent Charter number	☐ Correction	Charte	
The	undersioned is doin	a business	mdou the C. H	. VY			Charter number	
Busin	ness name to be regis	g business u	LVIN DUDLEY C	g name and at the	ne following address:			
	ness Address:	stered, KI	LVINDODLET	ONSULTANT				
2001		O Box may on	ly be used in addition	n to a physical stre	et addressi			
City,	State and Zip Code:	_		The second second	or least cosy			
Own	er Information:							
		wner indica	te husiness name a	nd nargantage ass	and Teall of		221100000000000000000000000000000000000	
of ow	nership need not be	listed. Please	attach a senarate r	have for more the	rned. If all parties are join three owners. The pa	ountly and several	ly liable, percentage	
busin	ess, and the percenta	ge they own	are:	age for more the	ar timee owners. The pa	irues naving an in	iterest in the	
Nan	ne of Owners, vidual or Business	Charter Requires Business Entity	# d If	d Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%	
DUI	DLEY, KELVIN				2007/19 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.quai 10070	
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) KELVIN DUDLEY KELVIN DUDLEY 12/14/2022								
Owner	's Signature or Authorized	l Signature of B	usiness Entity	Printed Name	DELT		2/14/2022 nte	
N.								
20000	ame and address to re		ocument:					
N	Name: Tiffany Carrington							