

Certificate of State Board Registration

Professional License No		_	
This is to certify that each of the p	ersons named below, as incorporate	tors and/or shareholders of a prop	oosed Professional
Corporation named	Name of Cor	povetion	
are duly licensed or registered to p	ractice the profession of	Name of Pr	ofession
in the State of Missouri with			
in the state of Missouri with	Name of E		·
Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address– City or Town
The above name(s) of Incorporator	r(s) are hereby approved by this St	ate Board.	
Authorized Signature of State Board	Printed Name	Title	Date
Name and address to return filed	document:		
Name:			
Address:			
City, State, and Zip Code:			