



# STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

## Registration of Fictitious Name

(Sec. 417.200-417.230, R.S.Mo)

TO BE FILED IN DUPLICATE

THE FILING FEE OF \$2.00 MUST ACCOMPANY THIS AFFIDAVIT. The affidavit must be signed and verified by all parties owning interest in the company. Mail with filing fee to: ROY D. BLUNT, SECRETARY OF STATE, P.O. BOX 778, JEFFERSON CITY, MISSOURI 65102. The duplicate copy will be returned to the business address of the business registered unless you indicate otherwise in your cover letter.

FILED

MAR 23 1987

Roy D. Blunt  
SECRETARY OF STATE

Make check for \$2.00 payable to the State Director of Revenue.

This information is for the use of the public and gives no protection to the name. There is no provision in this Chapter to keep another company or corporation from adopting and using the same name.

We, the undersigned, are doing business under the following name, and at the following address:

Name to be registered: ALFORD AMERICAN FAMILY ASSOCIATION

Business Address (Mo., if any; if not, other): 1403 Kingsford Drive

City, State, and Zip Code: Florissant Mo 63031-2422

Meeting Address = P.O. Box 1586 63032-1586

The parties having an interest in the business, and the percentage they own are (if a corporation is owner, indicate corporation name and percentage owned). If all parties are jointly and severally liable, percentage of ownership need not be listed:

Name of Owners, Individual or Corporate	Street and Number	City	State	If listed, Percentage of ownership must equal 100%
GILBERT K. ALFORD	1403 KINGSFORD DR	FLORISSANT	MO	100 %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

State of Missouri

County of ST LOUIS

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The undersigned, being all the parties owning interest in the above company, being duly sworn, upon their oaths each did say that the statements and matters set forth herein are true.

Individual Owners Sign Here

X

X

FILED

X

X

X

The undersigned corporation has caused this application to be executed in its name by its President

or Vice-President and its Secretary or Assistant Secretary, this

day of \_\_\_\_\_, 19\_\_\_\_

If Corporation is Owner, Corporate Officers Execute Here

(Exact Corporate Title)

By

Its President or Vice-President.

(Corporate Seal)

If no seal, state "none".

By

Its Secretary or Assistant Secretary.

I, F S SHARK, A Notary Public, do hereby certify that on the 11

day of March, 1987, personally appeared before me GILBERT KALFORD,

and being first duly sworn by me, acknowledged that HE he signed as his own free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(Notarial Seal)

Notary Public

My commission expires \_\_\_\_\_

**F. SHARK**  
NOTARY PUBLIC, STATE OF MISSOURI  
ST. LOUIS CO.  
MY COMMISSION EXPIRES MAY 14, 1988

copy to Arthur M. Agard Trust