

State of Missouri

Jason Kander, Secretary of State **Corporations Division** PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

X001238953 Date Filed: 1/20/2016 Expiration Date: 1/20/2021 Jason Kander 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: \times Registration Renewal Amendment Correction Charter number Charter number The undersigned is doing business under the following name and at the following address: Business name to be registered: Tiff City Pump or The Pump Shop Business Address: 504 West State Highway 76 PO Box 558 (PO Box may only be used in addition to a physical street address) City, State and Zip Code: Anderson, MO 64831 **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%** DMLCO LLC LC001475416 2727 East 32 Street, Suite 5 Joplin, MO 64804 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) DMLCO LLC - DOUGLAS M LUTHER DMLCO LLC - Douglas M Luther 01/20/2016 Owner's Signature or Authorized Signature of Business Entity Printed Name Date

Name and	address to return filed document:	
Name:	DMLCO LLC	00
Address:	Email: dougr16@gmail.com	
City, State	e, and Zip Code:	