



State of Missouri

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

X001255535
Date Filed: 6/30/2016
Expiration Date: 6/30/2021
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:

Form with checkboxes for New Registration, Renewal, Amendment, and Correction, each with a Charter number field.

The undersigned is doing business under the following name and at the following address:

Business name to be registered: The Boulevard Hair Company

Business Address: 8193 Big Bend Blvd.
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Webster Groves, MO 63119

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:

Table with 6 columns: Name of Owners, Charter # Required If Business Entity, Street and Number, City and State, Zip Code, If Listed, Percentage of Ownership Must Equal 100%. Row 1: ABIGAIL'S ON DEMUN, L.L.C., LC0936810, 923 Demun, Clayton, MO, 63105, 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)

ABIGAIL'S ON DEMUN, L.L.C. - Abigail R Culleton / ABIGAIL'S ON DEMUN, L.L.C. - ABIGAIL R CULLETON / 06/30/2016
Owner's Signature or Authorized Signature of Business Entity / Printed Name / Date

Name and address to return filed document:
Name: Abigail's on Demun LLC
Address: Email: sculleton5@gmail.com
City, State, and Zip Code: