



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

**X001239558**  
**Date Filed: 1/26/2016**  
**Expiration Date: 1/26/2021**  
**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:**

New Registration  Renewal \_\_\_\_\_  Amendment \_\_\_\_\_  Correction \_\_\_\_\_  
*Charter number* *Charter number* *Charter number*

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

Business name to be registered: Pastimes on South 4th

Business Address: 756-758 South 4th St  
*(PO Box may only be used in addition to a physical street address)*

City, State and Zip Code: St Louis, MO 63102

**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:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Ervin, Lance		2132 Edwards	St Louis, MO	63110	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)

Lance Ervin LANCE ERVIN 01/26/2016  
*Owner's Signature or Authorized Signature of Business Entity* *Printed Name* *Date*

Name and address to return filed document:

Name: andrea ervin

Address: Email: mamasonthehill@gmail.com

City, State, and Zip Code: \_\_\_\_\_