State of Missouri
John R. Ashcroft, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

X001354083
Date Filed: 4/2/2019
Expiration Date: 4/2/2024
John R. Ashcroft
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 _____ *Charter number* ☐ Amendment _____ *Charter number* ☐ Correction _____ *Charter number*

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

Business name to be registered: Anchor Academy

Business Address: 705 Vanduser Street PO Box 124
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Vanduser, MO 63784

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%
Harvest Foundation, Inc.	N00677757	801 Hamilton PO Box 124	Vanduser, MO	63784	

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)

Harvest Foundation, Inc. - Dennis L McElwrath	HARVEST FOUNDATION, INC. - DENNIS L MCELWRATH	04/02/2019
Owner's Signature or Authorized Signature of Business Entity	*Printed Name*	*Date*

Name and address to return filed document:

Name: Harvest Foundation Inc

Address: Email: harvestfoundationmo@gmail.com

City, State, and Zip Code: _____