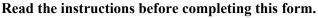
Office of the Minnesota Secretary of State

Name Reservation | Request for Reservation of Name

Minnesota Statutes, Chapter 302A.117, 317A.117, 322C.0109 or 321.109



Contact Name

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if by mail



I hereby request the Secretary of State to reserve the name listed below. I understand that the name reservation does not register the business name, and is valid for twelve months from the date on which it is filed. The name reservation may be renewed for additional twelve month periods, pursuant to *Minnesota Statutes*, sections 302A.117, 317A.117, 322C.0109 or 321.109.

1. Desired Name: (Required)		
2. Reserved for: (Required)		
Note: If this name is reserved for an organization not y documents, which will be submitted at the time of the		o will be signing the
3. List the complete street address of the individual or org	anization who this name is being re	eserved for: (Required)
Street Address (A PO Box by itself is not acceptable)	City	State Zip
 4. The applicant hereby states that the proposed name hole a) A person doing business in this state under that name b) A person intending to form an entity under Chapter c) A domestic corporation, limited liability company d) A foreign corporation, foreign limited liability company e) A foreign corporation, foreign limited liability or for state and intending to change its name; f) A person intending to incorporate a foreign corporate the foreign corporation, or foreign limited liability compusiness in this state; a person registering as a foreign I g) A foreign corporation, foreign limited liability companies or a name deceptively similar to that name in a state. 5. I, the undersigned, certify that I am signing this documperson(s) whose signature would be required who has authoracy correct and in compliance with the applicable chapter of M I am subject to the penalties of perjury as set forth in Sect 	me or a deceptively similar name; a 302A, 317A, 322C or 321; or limited partnership intending to apany or foreign limited partnership siness or register in this state; or eign limited partnership authorized ation, or foreign limited liability company make application for a Certification for a Certification or foreign limited partnership; or apany or foreign limited partnership attended the than Minnesota and not detent as the person whose signature thereof the fields, and that the information Minnesota Statutes. I understand the	ed to transact business in this ompany and intending to have ficate of Authority to transact p doing business under that described in clauses d, e or f. is required, or as agent of the on his/her behalf, or in both in this document is true and nat by signing this document
Signature of Authorized Person(s) or by an Authorized	Agent	Date
Email Address for Official Notices Enter an email address to which the Secretary of State care	n forward official notices required b	by law and other notices:
Check here to have your email address excluded from	requests for bulk data, to the exter	nt allowed by Minnesota law.
List a name and daytime phone number of a person w	ho can be contacted about this fo	orm:

Phone Number

INSTRUCTIONS

File your business document online by visiting our website at mblsportal.sos.mn.gov/business/search.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

- 1. List the name to be reserved.
- 2. List the Applicant for the Name Reservation. If this name is reserved for an organization not yet formed, list the individual who will be signing the documents, which will be submitted at the time of the organization of the business.
- 3. List the address where the holder of the name is located.
- 4. For a new Name Reservation filing, an Authorized Person or an Authorized Agent is required to sign. For a renewal of a Name Reservation, each Applicant or an Authorized Agent is required to sign. Note: The same form is used for a new filing and a renewal filing. If signed by an Authorized Agent, the signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s). List the Applicants on an additional sheet if there is more than one Applicant.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

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Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services First National Bank Building 332 Minnesota Street, Suite N201 Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays) Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.