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

X001359619
Date Filed: 2/19/2020
Expiration Date: 5/24/2024
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 X001359619 *Charter number*

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

Business name to be registered: The Goddard School - Lakewood

Business Address: 3301 NE Ralph Powell Road
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Lee's Summit, MO 64064

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%
Ten Five LLC	LC001584551	120 South Central Ave. Suite 1800	Saint Louis, MO	63105	

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)

Ten Five LLC - Shane Hendren	TEN FIVE LLC - SHANE HENDREN	02/19/2020
Owner's Signature or Authorized Signature of Business Entity	*Printed Name*	*Date*

Ten Five LLC - Abigail Hendren	TEN FIVE LLC - ABIGAIL HENDREN	02/19/2020
Owner's Signature or Authorized Signature of Business Entity	*Printed Name*	*Date*

Name and address to return filed document:

Name: Shane Hendren

Address: Email: leessummit3mo@goddardschools.com

City, State, and Zip Code: _____