



Susannah Evans
Licensed in MO, KS
Of Counsel

Andrew Ralls
Licensed in MO, KS
Associate

Dennis A. Boman
Licensed in MO
Of Counsel

Alan Jacobson
Licensed in MO
Of Counsel

Professor Emeritus
Edwin T. Hood
Licensed in MO, IA, CA
Member

Matthew L. Hood
Licensed in MO, KS,
CO
Member

Roland Sabates
Licensed in MO
Of Counsel

Sean Collins
Licensed in MO
Associate

Hanqing Yang
Licensed in MO, NY
Of Counsel

Paul A. Burnett
Licensed in MO,
MT, CA, FL
Of Counsel

June 7, 2022

VIA ELECTRONICALLY

Department of Financial Institutions
Division of Securities


Re: American Shaman Franchise System, LLC

Dear Sir/Madam:

Attached please find the following documents to be filed with your office in connection with the application for registration of the above franchisor:

1. Uniform Franchise Registration Application (Form A),
2. Franchisor's Costs and Source of Funds (Form B),
3. Uniform Franchise Consent to Service of Process (Form C),
4. Franchise Seller Disclosure Forms (Form D) – 4 total, and
5. Consent of Independent Accountant (Form F),
6. Franchise Disclosure Document with all exhibits.

If you have any questions regarding this application, please do not hesitate to contact me at (816) 561-5000.

Sincerely,

Matthew L. Hood

MLH/
Enclosures

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. 627143
(Insert file number of immediately preceding filing of Applicant)

State: WI

Fee: \$400

APPLICATION FOR (Check only one):

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
 RENEWAL APPLICATION OR ANNUAL REPORT
 PRE-EFFECTIVE AMENDMENT
 POST-EFFECTIVE MATERIAL AMENDMENT

- 1. Full legal name of Franchisor:** American Shaman Franchise System, LLC
(f/k/a American Shaman Franchise System, Inc.)
- 2. Name of the franchise offering:** CBD American Shaman
- 3. Franchisor's principal business address:** 1501 Iron Street
North Kansas City, MO 64116
- 4. Name and address of Franchisor's agent in this State authorized to receive service of process:**

Wisconsin Commissioner of Securities
Department of Financial Institutions
345 W. Washington Ave., 4th Floor
Madison, WI 53703
- 5. The states in which this application is or will be shortly on file:**

Registration States of: California, Hawaii, Illinois, Indiana, Maryland, Minnesota, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington, Wisconsin

6. **Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:**

Matt Hood
 Hood Law Group LLC
 4233 Roanoke Rd., Ste 200
 Kansas City, Missouri 64111
 Phone: (816) 561-5000
 Fax: (816) 897-1710
matt@hoodlawgroupkc.com

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of April 30, 2022, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at North Kansas City, MO on the 31 day of May, 2022.
City State

Franchisor:

By: [Signature]
 Name: Marc Saylor
 Title: Vice President

STATE OF MO)
)SS.
 COUNTY OF Platte)

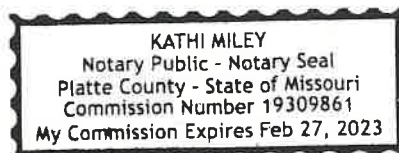
On this 31st day of May, 2022, before me, the undersigned officer, personally appeared Marc Saylor, known personally to me to be the Vice President of American Shaman Franchise System, LLC, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

[Signature]
 Notary Public

My Commission expires:

2-27-23



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