



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
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651.296.4026 FAX 651.297.1959
An equal opportunity employer

November 1, 2012

DANIEL B STARR
DO IT BEST CORP
6502 NELSON ROAD PO BOX 868
FORT WAYNE, IN 46801-0868

Re: F-290
DO IT BEST CORP
DO IT BEST CORP MEMBERSHIP AGREEMENT

Dear Mr. Starr:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is June 30, 2013.

Sincerely,

MIKE ROTHMAN
Commissioner

By:

Daniel Sexton
Commerce Analyst Supervisor
Registration Division
(651) 296-4520

MR:DES:dlw

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-4520

IN THE MATTER OF THE REGISTRATION OF:
DO IT BEST CORP. MEMBERSHIP AGREEMENT
By DO IT BEST CORP

ORDER AMENDING
REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated March 23, 1977, is amended as of the date set forth below.



MIKE ROTHMAN
Commissioner
Department of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

Date: November 1, 2012

Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-290
 (Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Fee: \$300

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:**
Do it Best Corp.
2. **Name of the franchise offering:**
Do it Best Corp.
3. **Franchisor's principal business address:**
6502 Nelson Rd
Post Office Box 868
Fort Wayne, IN 46801-0868
4. **Name and address of Franchisor's agent in this State authorized to receive service of process:** Commissioner of Commerce
Minnesota Department of Commerce
85 - 7th Place East, Suite 500
St. Paul, MN 55101
5. **The states in which this application is or will be shortly on file:**
No additional states

~~AP-3~~

11-1-12

A/R Arnes

6/30 3-23-77

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