



MINNESOTA
DEPARTMENT OF
COMMERCE



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-3165
www.commerce.state.mn.us
651.296.4026 FAX 651.297.1959
An equal opportunity employer

April 27, 2010

MIKE WIELECHOWSKI
KIRK PALMER & THIGPEN PA
1100 KENILWORTH AVENUE SUITE 200
CHARLOTTE, NC 28204

Re: F-5694
HALLOWEEN EXPRESS LLC
HALLOWEEN EXPRESS LLC F/A

Dear Mr. Pielechowski:

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 December 31, 2010.

Sincerely,

GLENN WILSON
Commissioner

By:

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

GW:DES:dlw

F-5694

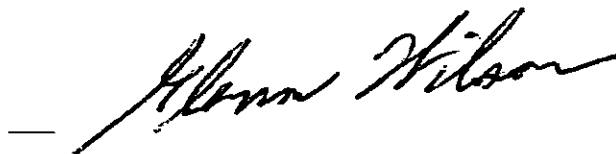
STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-6328

IN THE MATTER OF THE REGISTRATION OF:
HALLOWEEN EXPRESS LLC F/A
By HALLOWEEN EXPRESS LLC

ORDER AMENDING
REGISTRATION

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

IT IS HEREBY ORDERED that the registration dated June 29, 2009, is amended as of the date set forth below.



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

Date: April 27, 2010

UNIFORM FRANCHISE REGISTRATION APPLICATION

FEE: \$300

(Enclosed when application is initially filed)

State of Minnesota
Dept. of Commerce

ARR 20 2010

Rec'd \$ 300

APPLICATION FOR (Check only one):

____ REGISTRATION OF AN OFFER AND SALE OF FRANCHISES

X REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT

AMENDMENT NUMBER ____ TO APPLICATION

____ POST-EFFECTIVE FILED UNDER SECTION _____

____ PRE-EFFECTIVE DATED _____

1. Name of Franchisor. (If applicant is subfranchisor, the name of the subfranchisor.)

Halloween Express, LLC, a Kentucky limited liability company

Name under which the Franchisor is doing or intends to do business.

Same.

F-5694 ✓

2. Franchisor's principal business address.

100 Progress Way
Owenton, Kentucky 40359

Name and address of Franchisor's agent in the State of California authorized to receive process:

Minnesota Department of Commerce
Attn: Commissioner
85 7th Place East, Suite 500
St. Paul, MN 55101

3. Name, address and telephone number of subfranchisors, if any, for this state.

NONE

4. Name, address and telephone number of person to whom communications regarding this application should be directed.

Mike Wielechowski, Esq.
Kirk Palmer & Thigpen, P.A.
1100 Kenilworth Avenue, Suite 200
Charlotte, NC 28204
(704) 927-9243

4-27-10
A/r Amw
12/31 6-29-09

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