

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 539-1631

IN THE MATTER OF THE REGISTRATION OF:  
LITTLE MEDICAL SCHOOL F/A  
By LMS FRANCHISING, LLC

ORDER OF  
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.  
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements  
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be  
declared effective as of the date set forth below.



---

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

Date: May 25, 2017  
dlw



Form A - Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-8164
(Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Fee: \$400

State of Minnesota Dept of Commerce

APPLICATION FOR (Check only one):

[X] INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES

[ ] RENEWAL APPLICATION OR ANNUAL REPORT

[ ] PRE-EFFECTIVE AMENDMENT

[ ] POST-EFFECTIVE MATERIAL AMENDMENT

MAR 23 2017 Rec'd \$ 400

1. Full legal name of Franchisor:

LMS Franchising, LLC

2. Name of the franchise offering:

Little Medical School

3. Franchisor's principal business address:

707 N. New Ballas Road
St. Louis, Missouri 63141
(314) 279-1948

4. Name and address of Franchisor's agent in this State authorized to receive service of process: Director of the Minnesota Department of Commerce, Securities Section 857th Place East, Suite 500, Saint Paul, MN 55101

5. The states in which this application is or will be shortly on file: California, Hawaii, Indiana, Illinois, Maryland, Michigan, Minnesota, Virginia, New York, Washington, and Wisconsin

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed: Earsa R. Jackson, Esq., Strasburger & Price, LLP, 901 Main Street, Suite 6000 Dallas, Texas 75202; earsa.jackson@strasburger.com; (214) 651-2394 (Telephone) (214) 659-4156 (Fax)

Eff 05/25/17
FYE 12/31/17
N

### 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 March 13, 2017 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 in St. Louis, Missouri, March 16, 2017

**Franchisor:**

LMS Franchising, LLC

By: 

**Name:** Dr. Mary Mason

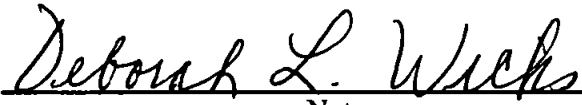
**Title:** President

STATE OF MISSOURI )  
                                  ) )  
                                  ) ) SS  
COUNTY OF ST. LOUIS )

Personally appeared before me this 16<sup>th</sup> day of March, 2017, the above-named Dr. Mary Mason to me known to be the person who executed the foregoing notification (as President of the above-named applicant) and being first duly sworn, stated upon oath that said notification, and all exhibits submitted herewith, are true and correct.

(Notarial Seal)

DEBORAH L. WICKS  
Notary Public - Notary Seal  
STATE OF MISSOURI  
St. Charles County  
My Commission Expires: July 10, 2018  
Commission # 14628850

  
Notary

This is a document preview downloaded from FranchisePanda.com. The full document is available for free by visiting: <https://franchisepanda.com/franchises/little-medical-school>