



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 26, 2011

ERIC M. NEWMAN

8240 COUNTY DOWNS LANE  
CHARLOTTE, NC 28270

Re: F-5899  
MINT CONDITION FRANCHISING INC  
MINT CONDITION (MASTER AGREEMENT) F/A

Dear Mr. Newman:

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, 2011.

Sincerely,

MIKE ROTHMAN  
Commissioner

By:

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

MR:DES:dlw

F-5899

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

IN THE MATTER OF THE REGISTRATION OF:  
MINT CONDITION (MASTER AGREEMENT) F/A  
By MINT CONDITION FRANCHISING INC

ORDER AMENDING  
REGISTRATION

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

IT IS HEREBY ORDERED that the registration dated  
August 25, 2008, 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: April 26, 2011

State of Minnesota  
Dept. of Commerce

APR 25 2011

Rec'd \$ 300

**STATE OF MINNESOTA  
FRANCHISE REGISTRATION APPLICATION**

FILE NO. F-5899

Fee: \$300.00

(To be enclosed by Applicant at time application is initially filed)

Date of Application: \_\_\_\_\_

**APPLICATION FOR (Check only one):**

**REGISTRATION OF AN OFFER OR SALE OF FRANCHISES**

**REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT**

AMENDMENT NUMBER \_\_\_\_\_ TO APPLICATION

**1. Name of Franchisor.**

**MINT CONDITION FRANCHISING, INC.**

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

**MINT CONDITION**

**2. Franchisor's principal business address.**

**1057 521 Corporate Center Drive  
Suite 165  
Fort Mill, South Carolina 29707**

**3. Name and address of Franchisor's agent in the State of Minnesota authorized to receive process.**

**Commissioner of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101-2198**

4-26-11

AK Arms

12/31 8-25-08

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