

# Office of the Minnesota Secretary of State

## Name Reservation | Request for Reservation of Name

*Minnesota Statutes, Chapter 302A.117, 317A.117, 322C.0109 or 321.109*



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if by mail

I hereby request the Secretary of State to reserve the name listed below. I understand that the name reservation does not register the business name, and is valid for twelve months from the date on which it is filed. The name reservation may be renewed for additional twelve month periods, pursuant to *Minnesota Statutes*, sections 302A.117, 317A.117, 322C.0109 or 321.109.

1. Desired Name: (Required) \_\_\_\_\_

2. Reserved for: (Required) \_\_\_\_\_

**Note: If this name is reserved for an organization not yet formed, list the individual who will be signing the documents, which will be submitted at the time of the organization of the business.**

3. List the complete street address of the individual or organization who this name is being reserved for: (Required)

\_\_\_\_\_  
Street Address (*A PO Box by itself is not acceptable*)                      City                      State                      Zip

4. The applicant hereby states that the proposed name holder is:

- a) A person doing business in this state under that name or a deceptively similar name;
- b) A person intending to form an entity under Chapter 302A, 317A, 322C or 321;
- c) A domestic corporation, limited liability company or limited partnership intending to change its name;
- d) A foreign corporation, foreign limited liability company or foreign limited partnership intending to make application for a Certificate of Authority to transact business or register in this state;
- e) A foreign corporation, foreign limited liability or foreign limited partnership authorized to transact business in this state and intending to change its name;
- f) A person intending to incorporate a foreign corporation, or foreign limited liability company and intending to have the foreign corporation, or foreign limited liability company make application for a Certificate of Authority to transact business in this state; a person registering as a foreign limited partnership; or
- g) A foreign corporation, foreign limited liability company or foreign limited partnership doing business under that name or a name deceptively similar to that name in a state other than Minnesota and not described in clauses d, e or f.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

\_\_\_\_\_  
Signature of Authorized Person(s) or by an Authorized Agent

\_\_\_\_\_  
Date

### Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

## INSTRUCTIONS

**File your business document online by visiting our website at [mblsportal.sos.mn.gov/business/search](https://mblsportal.sos.mn.gov/business/search).**

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the name to be reserved.
2. List the Applicant for the Name Reservation. If this name is reserved for an organization not yet formed, list the individual who will be signing the documents, which will be submitted at the time of the organization of the business.
3. List the address where the holder of the name is located.
4. For a new Name Reservation filing, an Authorized Person or an Authorized Agent is required to sign. For a renewal of a Name Reservation, each Applicant or an Authorized Agent is required to sign. Note: The same form is used for a new filing and a renewal filing. If signed by an Authorized Agent, the signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s). List the Applicants on an additional sheet if there is more than one Applicant.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

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Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
First National Bank Building  
332 Minnesota Street, Suite N201  
Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.