

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

1321826

OMB APPROVAL

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer
Missouri Tax Credit Fund LP

Jurisdiction of Incorporation/Organization
Missouri

Previous Name(s) None



09002758

- Entity Type (Select one)
- Corporation
 - Limited Partnership
 - Limited Liability Company
 - General Partnership
 - Business Trust
 - Other (Specify)

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) 2004 Yet to Be Formed

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1: 17 West Lockwood Avenue, City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63119

Street Address 2: [Redacted]

Phone No.: [Redacted]

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Item 3. Related Persons

Last Name: Missouri Equity Investors LLC, First Name: [Redacted], Middle Name: [Redacted]

Street Address 1: 17 West Lockwood Avenue, City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63119

Street Address 2: [Redacted]

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): General Partner; Beneficial Owner

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(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
 - Banking and Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Business Services
 - Energy
 - Electric Utilities
 - Energy Conservation
 - Coal Mining
 - Environmental Services
 - Oil & Gas
 - Other Energy
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
 - Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
 - Manufacturing
 - Real Estate
 - Commercial
 - Retailing
 - Restaurants
 - Technology
 - Computers
 - Telecommunications
 - Other Technology
 - Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
 - Other
- If selecting this industry group, also select one fund type below and answer the question below:
- Hedge Fund
 - Private Equity Fund
 - Venture Capital Fund
 - Other Investment Fund
- Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | |
| | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input checked="" type="checkbox"/> Other (Describe) |

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 10.00

Item 12. Sales Compensation

Recipient

[Empty box for Recipient name]

Recipient CRD Number

[Empty box for Recipient CRD Number]

No CRD Number

(Associated) Broker or Dealer None

(Associated) Broker or Dealer CRD Number

[Empty box for (Associated) Broker or Dealer CRD Number]

No CRD Number

Street Address 1

[Empty box for Street Address 1]

Street Address 2

[Empty box for Street Address 2]

City

[Empty box for City]

State/Province/Country

[Empty box for State/Province/Country]

ZIP/Postal Code

[Empty box for ZIP/Postal Code]

States of Solicitation All States

- Grid of checkboxes for states: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 1,000.00

OR Indefinite

(b) Total Amount Sold \$ 610.00

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 390.00

OR Indefinite

Clarification of Response (if Necessary)

[Empty box for Clarification of Response]

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

0

Enter the total number of investors who already have invested in the offering:

61

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ None

Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ None

Estimate

[Empty box for Clarification of Response]

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ None

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Missouri Tax Credit Fund LP

Name of Signer

Kathleen S. Rorris, President of General Partner

Signature

[Handwritten signature: Kathleen S. Rorris]

Title

President of Missouri Equity Investors LLC, General Partner

Number of continuation pages attached:

0

Date

1-16-09

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: First Name: Middle Name:
Street Address 1: Street Address 2:
City: State/Province/Country: ZIP/Postal Code:
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:
Street Address 1: Street Address 2:
City: State/Province/Country: ZIP/Postal Code:
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:
Street Address 1: Street Address 2:
City: State/Province/Country: ZIP/Postal Code:
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:
Street Address 1: Street Address 2:
City: State/Province/Country: ZIP/Postal Code:
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Eckelkamp, First Name: L.B., Middle Name: []
Street Address 1: 200 West Main, Street Address 2: []
City: Washington, State/Province/Country: MO, ZIP/Postal Code: 63090
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Eckelkamp, First Name: Susan, Middle Name: E.
Street Address 1: 225 St. Andrews Drive, Street Address 2: PO Box 330
City: St. Albans, State/Province/Country: MO, ZIP/Postal Code: 63073-0330
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Tobben, First Name: Judith, Middle Name: Eckelkamp
Street Address 1: 100 Montclair Court, Street Address 2: []
City: Washington, State/Province/Country: MO, ZIP/Postal Code: 63090
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Cervantes, First Name: Barry, Middle Name: T.
Street Address 1: 52 Westmoreland Place, Street Address 2: []
City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63108
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Miller, First Name: Lester, Middle Name: []
Street Address 1: 150 Carondelet Place, Street Address 2: []
City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63105
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Diamond Bancorp Inc., First Name: [], Middle Name: []
Street Address 1: 200 West Main, Street Address 2: PO Box 377
City: Washington, State/Province/Country: MO, ZIP/Postal Code: 63090
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Enterprise Bank & Trust, First Name: [], Middle Name: []
Street Address 1: 150 North Meramec, Street Address 2: []
City: Clayton, State/Province/Country: MO, ZIP/Postal Code: 63105
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Wetterau, First Name: Helen, Middle Name: K.
Street Address 1: PO Box 11653, Street Address 2: []
City: Clayton, State/Province/Country: MO, ZIP/Postal Code: 63105
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Murphy	James J. and Mary E.	
Street Address 1	Street Address 2	
1715 Kenmont Road		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Phillips	Thomas E., Jr. and Peggy J.	
Street Address 1	Street Address 2	
1933 Gray Drive		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63131
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Horn	Barry	E.
Street Address 1	Street Address 2	
#1 Conway Woods Lane		
City	State/Province/Country	ZIP/Postal Code
Ladue	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Clayco Banc Corporation, by *	* Enterprise Financial Services Corp. **	** (EFSC) its successor in interest
Street Address 1	Street Address 2	
150 North Meramec, Suite 300		
City	State/Province/Country	ZIP/Postal Code
Clayton	MO	63105
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Enterprise Financial Services Corp.		
Street Address 1	Street Address 2	
150 North Meramec, Suite 300		
City	State/Province/Country	ZIP/Postal Code
Clayton	MO	63105
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Baris	Mitchell L. and Lynda W.	
Street Address 1	Street Address 2	
1323 Westchester Manor Lane		
City	State/Province/Country	ZIP/Postal Code
Chesterfield	MO	63005
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
O'Daniels	Patrick and Mary	
Street Address 1	Street Address 2	
4016 Emerald Drive		
City	State/Province/Country	ZIP/Postal Code
St. Charles	MO	63304
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Albers	Rolf and Ilona B.	
Street Address 1	Street Address 2	
1 Rue Grande Court		
City	State/Province/Country	ZIP/Postal Code
Lake St. Louis	MO	63367
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Alper	Marc H. and Priscilla A.	
Street Address 1	Street Address 2	
227 Hibler Oaks Drive		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63141
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Aquino	Louis and Karen A.	
Street Address 1	Street Address 2	
23 Flynn Forest Lane		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63122
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Audi	Andre and Pamela	
Street Address 1	Street Address 2	
2185 Willow Forest		
City	State/Province/Country	ZIP/Postal Code
Chesterfield	MO	63017
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Brown	David and Lynn Duncan-Brown	
Street Address 1	Street Address 2	
16547 Saddle Creek Road		
City	State/Province/Country	ZIP/Postal Code
Chesterfield	MO	63005
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Dunning	Barbara	
Street Address 1	Street Address 2	
PO Box 676		
City	State/Province/Country	ZIP/Postal Code
Farmington	MO	63640
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Hake	John J. and Robin G.	
Street Address 1	Street Address 2	
41 Country Club View		
City	State/Province/Country	ZIP/Postal Code
Edwardsville	IL	62025
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Hellebusch	Gerard and Sue	
Street Address 1	Street Address 2	
PO Box 1157		
City	State/Province/Country	ZIP/Postal Code
Washington	MO	63090
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Hough	Thomas and Suzanne	
Street Address 1	Street Address 2	
68 Briarcliff		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Hurst	Michael D. and Barbara A.	
Street Address 1	Street Address 2	
907 South Warson Road		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Moore	Patrick J. and Elizabeth S.	
Street Address 1	Street Address 2	
10412 Litzsinger Road		
City	State/Province/Country	ZIP/Postal Code
Frontenac	MO	63131
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Robins	G. Stephen and Deborah M.	
Street Address 1	Street Address 2	
8 Huntleigh Downs		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63131
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Ross	Paul Franklin, II and Wendy	
Street Address 1	Street Address 2	
105 Jefferson Road		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63119
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Truetzel
First Name: David and Stephanie
Middle Name:
Street Address 1: 301 Wyndmoor Terrace Court
Street Address 2:
City: Town & Country
State/Province/Country: MO
ZIP/Postal Code: 63141
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Chabot
First Name: Michael and Victoria
Middle Name:
Street Address 1: 1022 Claymark Drive
Street Address 2:
City: St. Louis
State/Province/Country: MO
ZIP/Postal Code: 63131
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Hartwig
First Name: John and Elizabeth
Middle Name:
Street Address 1: 26 Manderleigh Estates Court
Street Address 2:
City: St. Louis
State/Province/Country: MO
ZIP/Postal Code: 63131
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Devine
First Name: Janice
Middle Name: K.
Street Address 1: #1 Conway Woods Lane
Street Address 2:
City: Ladue
State/Province/Country: MO
ZIP/Postal Code: 63124-1274
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Weiss
First Name: Peter and Barbara Horn
Middle Name:
Street Address 1: 11240 Tureen Drive
Street Address 2:
City: St. Louis
State/Province/Country: MO
ZIP/Postal Code: 63131
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Unterreiner
First Name: Robert J. and Diana M.
Middle Name:
Street Address 1: 5518 Keller Ridge Lane
Street Address 2:
City: St. Louis
State/Province/Country: MO
ZIP/Postal Code: 63128
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Brown
First Name: Mark J. and Karen E.
Middle Name:
Street Address 1: 1732 Coronita Drive
Street Address 2:
City: Fenton
State/Province/Country: MO
ZIP/Postal Code: 63026
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Glenn
First Name: James L. and Paula L.
Middle Name:
Street Address 1: PO Box 35
Street Address 2:
City: St. Albans
State/Province/Country: MO
ZIP/Postal Code: 63073-0035
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Morgan	Jason and Leanne M.	
Street Address 1	Street Address 2	
2401 North Ballas Road		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63131
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Bush	William	H.T.
Street Address 1	Street Address 2	
37 Picardy		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
Koster	Matthew	J.
Street Address 1	Street Address 2	
2500 Town and Country Lane		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63131
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Last Name	First Name	Middle Name
O'Donnell	James	V.
Street Address 1	Street Address 2	
47 Clermont Lane		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63124
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Beneficial Owner	

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Smith, II First Name: Wayne Middle Name: L.

Street Address 1: 1050 Arlington Oaks Terrace Street Address 2:

City: Town & Country State/Province/Country: MO ZIP/Postal Code: 63131

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: May First Name: Richard W. and Karyn J. Middle Name:

Street Address 1: 1009 Arcaro Court Street Address 2:

City: Florissant State/Province/Country: MO ZIP/Postal Code: 63034

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: Sorrell First Name: Darin W. and Ruth Kelso Middle Name:

Street Address 1: 2121 St. Clair Avenue Street Address 2:

City: Brentwood State/Province/Country: MO ZIP/Postal Code: 63144

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: Kloster First Name: Karl and Karen L. Middle Name:

Street Address 1: 13528 Sunset Ridge Lane Street Address 2:

City: St. Louis State/Province/Country: MO ZIP/Postal Code: 63128

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Hruza, First Name: George, Middle Name: J.
Street Address 1: 6 Ames Place Drive, Street Address 2: [Empty]
City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63124
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Grollman, First Name: Dolores, Middle Name: M.
Street Address 1: 11 Oakleigh Lane, Street Address 2: [Empty]
City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63124
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Keeven, First Name: Mark, Middle Name: F.
Street Address 1: 1 Brookview Court, Street Address 2: [Empty]
City: St. Charles, State/Province/Country: MO, ZIP/Postal Code: 63304
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

Last Name: Moss, First Name: James, Middle Name: H.
Street Address 1: 11 Oakleigh Lane, Street Address 2: [Empty]
City: St. Louis, State/Province/Country: MO, ZIP/Postal Code: 63124
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Beneficial Owner

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Brauch First Name: John E. Jr. and Catherine Middle Name: J.

Street Address 1: 11 Apple Tree Lane Street Address 2:

City: Ladue State/Province/Country: MO ZIP/Postal Code: 63124

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: Polizzi First Name: Joseph C. and Donna Sue Middle Name:

Street Address 1: 12530 Vavana Drive Street Address 2:

City: St. Louis State/Province/Country: MO ZIP/Postal Code: 63128

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: Polizzi First Name: Michael D. and Donna Middle Name:

Street Address 1: 738 River Hills Drive Street Address 2:

City: Fenton State/Province/Country: MO ZIP/Postal Code: 63026

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

Last Name: Schulte First Name: Steve Middle Name: W.

Street Address 1: 707 DeVaca Lane Street Address 2:

City: Weldon Spring State/Province/Country: MO ZIP/Postal Code: 63304

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Beneficial Owner

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Spezia	Paul M. and Courtney A.	
Street Address 1	Street Address 2	
200 Kingdom Drive		
City	State/Province/Country	ZIP/Postal Code
St. Charles	MO	63301
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Boyer	Kent G. and Kimberly D.	
Street Address 1	Street Address 2	
7 Homestead Acres		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63132
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Martin	Douglas	L.
Street Address 1	Street Address 2	
303 Lakeside View Lane		
City	State/Province/Country	ZIP/Postal Code
St. Peters	MO	63376
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Kennedy	Michael E., Sr. and Joya Lynn	
Street Address 1	Street Address 2	
1326 Shepard Road		
City	State/Province/Country	ZIP/Postal Code
Wildwood	MO	63038
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Walcott	Roger B., Jr. and Karen B.	
Street Address 1	Street Address 2	
32 Countryside Lane		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63131
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Ladd	Mathew and Kristen	
Street Address 1	Street Address 2	
2142 Hickory Drive		
City	State/Province/Country	ZIP/Postal Code
St. Louis	MO	63005
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Studt	James W. and Amy D.	
Street Address 1	Street Address 2	
342 W. Madison		
City	State/Province/Country	ZIP/Postal Code
Kirkwood	MO	63122
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Beneficial Owner		

Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

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END