

SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576 www.sos.in.gov

**INSTRUCTIONS:** 

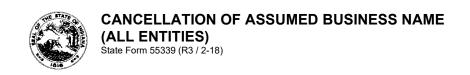
- 1. Use 8½" x 11" white paper for attachments.
- 2. Please TYPE or PRINT in INK.
- 3. Please visit our office on the web at www.sos.IN.gov
- 4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: This form can only be used to cancel one assumed business name. Please submit a separate form and fee for each assumed business name to be cancelled.

## INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business			
E-mail address of business (SOS use only)			
RETURN DOCUMENTS TO:			
RETORIVE BOOGMENTO TO.			
Name			
Street address, line 1			
Street address, line 2			
City	State	Z	IP code
Telephone number	E-mail address (If different from above	e – SOS use only)	
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Indiana Code 23-0.5-3-4

## NO FILING FEE

1. Name of entity					
2. Date of formation / registration (month, day, year)					
	Lav		710		
Address of principal office (number and street)	City	State	ZIP code		
4. Assumed business name(s) to be cancelled					
5. Signature	Date of signature (month, day, year)				
6. Printed name and title					
This instrument was prepared by:					