



# CANCELLATION OF ASSUMED BUSINESS NAME (ALL ENTITIES)

State Form 55339 (R6 / 05-24)

**Diego Morales**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 234-9768  
[INBiz.in.gov](http://INBiz.in.gov)

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
  3. For additional forms please visit [in.gov/sos/business/division-forms](http://in.gov/sos/business/division-forms)
  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:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (    )	E-mail address (If different from above – SOS use only)	





# CANCELLATION OF ASSUMED BUSINESS NAME (ALL ENTITIES)

State Form 55339 (R6 / 05-24)

Indiana Code 23-0.5-3-4

**NO FILING FEE**

1. Name of entity			
2. Date of formation / registration ( <i>month, day, year</i> )			
3. Address of principal office ( <i>number and street</i> )	City	State	ZIP code
4. Assumed business name(s) to be cancelled			
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5. Signature	Date of signature ( <i>month, day, year</i> )		
6. Printed name and title			

This instrument was prepared by:
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