



CANCELLATION OF ASSUMED BUSINESS NAME (ALL ENTITIES)

State Form 55339 (R5 / 3-18)

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.

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|---|
| 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 (R3 / 2-18)

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 | | | |
| ----- | | | |
| 5. Signature | Date of signature (<i>month, day, year</i>) | | |
| 6. Printed name and title | | | |

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| This instrument was prepared by: |
|----------------------------------|