



ARTICLES OF ABANDONMENT OF MERGER

State Form 56361 (8-17)

Approved by State Board of Accounts, 2017

**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. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

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)	





ARTICLES OF ABANDONMENT OF MERGER

State Form 56361 (8-17)

Approved by State Board of Accounts, 2017

Indiana Code 23-0.5-9-46
23-0.6-2-4

FILING FEE: \$30.00

The undersigned, desiring to abandon a merger pursuant to the provisions of Indiana Code 23-0.6-2-4, executes the following Articles of Abandonment of Merger.

ARTICLE I – NAME

The name of each party to the plan of merger:

1.

2.

3.

4.

ARTICLE II – DATE OF MERGER

Date on which Articles of Merger were filed by the Secretary of State (*month, day, year*) (*Please note that Articles of Abandonment of Merger must be delivered to the Secretary of State for filing before the time the Articles of Merger become effective.*)

ARTICLE III – APPROVAL

The abandonment of merger was approved in accordance with Indiana Code 23-0.6-2-4.

In Witness Whereof, the undersigned duly authorized representative of the entity executes these Articles of Abandonment of Merger and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20____.

Signature

Printed name

Title