



## Commercial Mail Receiving Agency Account Closure Notice

State Form 9900380 (01-26)

### INSTRUCTIONS:

1. Use 8½" x 11" white paper for attachments.
2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
3. Submit original completed paperwork to:  
302 West Washington Street, Room E-018, Indianapolis, IN 46204.
4. If you are providing notice for the closure of multiple accounts, you may provide the information required by IC 23-0.5-2.5-4 in .CSV, .XLSX format and deliver with the completed form by email to INBiz@sos.in.gov

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

**Indiana Code**      **23-0.5-2.5-2**  
**23-0.5-2.5-4**

### COMMERCIAL MAIL RECEIVING AGENCY ("CMRA") OPERATOR INFORMATION

Name of CMRA operator				
CMRA operator entity type				
<input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>Limited Liability Company</b> <input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Limited Partnership</b> <input type="checkbox"/> <b>Limited Liability Partnership</b>				
<input type="checkbox"/> <b>Other:</b> _____				
CMRA operator jurisdiction of formation ( <i>leave blank if the operator is an individual</i> )				
Address line 1				
Address line 2	City	State	ZIP Code	IN
Operator Email Address				

### CLOSED CMRA CUSTOMER ACCOUNT INFORMATION

The CMRA customer account(s) that has/have been closed are attached as "Exhibit A"

### SIGNATURE

In Witness Whereof, the undersigned duly authorized representative of the Commercial Mail Receiving Agency operator executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true.	
Printed Name	Title
Signature	Date



## Commercial Mail Receiving Agency Account Closure Notice

State Form XXXXX (01-26)

### “Exhibit A”

#### CLOSED CMRA CUSTOMER ACCOUNT INFORMATION

CMRA Customer Account Address (Provide the street address and PMB# assigned to the CMRA customer)

Address line 2	City	State	ZIP Code
CMRA customer account associated email			
CMRA customer home address (sections 9b through 9f on PS form 1583)			
Address line 2	City	State	ZIP Code
Date of account closure			
<b>CLOSED CMRA CUSTOMER ACCOUNT INFORMATION</b>			
CMRA Customer Account Address (Provide the street address and PMB# assigned to the CMRA customer)			
Address line 2	City	State	ZIP Code
CMRA customer account associated email			
CMRA customer home address (sections 9b through 9f on PS form 1583)			
Address line 2	City	State	ZIP Code
Date of account closure			
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