



# Commercial Mail Receiving Agency Account Closure Notice

State Form 9900380 (01-26)

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

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

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