



## Commercial Mail Receiving Agency (CMRA) Intent to File

State Form 9900381 (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.

**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**

### 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 <b>IN</b>	ZIP Code
Operator Email Address				

### CMRA OPERATOR SERVICE AGREEMENT

The undersigned, operating or seeking to operate a commercial mail receiving agency in Indiana, agrees to follow and be subject to the following.

1. IC 23-0.5-2.5-3 Disclosures
2. IC 23-0.5-2.5-4 Closure of a CMRA account
3. IC 23-0.5-2.5-5 Violations: False Information
4. Any requirements established by the United States Postal Service relating to the operation of a Commercial Mail Receiving Agency

### SIGNATURE

By signing this form, the operator of the commercial mail receiving agency ("operator") represents that the operator is operating or seeking to operate a commercial mail receiving agency in Indiana and the operator agrees to follow the service agreement process established by the Secretary of State.

Printed Name	Title
Signature	Date