



# Commercial Mail Receiving Agency (CMRA) Intent to File

State Form 9900381 (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.

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

- ☐ **Corporation**      ☐ **Limited Liability Company**      ☐ **Individual**      ☐ **Limited Partnership**      ☐ **Limited Liability Partnership**
- ☐ **Other:** \_\_\_\_\_

CMRA operator jurisdiction of formation (leave blank if the operator is an individual)

Address line 1

Address line 2

City

State  
**IN**

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