



Address Disclosure Statement

State Form 9900382 (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 **23-0.5-8-4**
23-0.5-2.5-3

INFORMATION CONTAINED ON THIS FORM IS NOT PART OF THE PUBLIC RECORD

ENTITY INFORMATION

Name of Business

IC 23-0.5-8-4 CONTACT ADDRESS DISCLOSURES

Complete this section if this entity conducts all business remotely and the principal office address is a residential address.

Contact address (The residence address of a governing person of the business)	
Addressee name (The name of the governing person who resides at the contact address)	
Business email address	
Phone number	
<input type="checkbox"/> By checking the box, the undersigned swears or affirms, subject to the penalties of perjury, that the business named above conducts all business via telecommunications and does not have a nonresidential physical office.	

IC 23-0.5-2.5-3 CMRA ADDRESS DISCLOSURES

Complete this section if you included a Commercial Mail Receiving Agency ("CMRA") address in any filing. These disclosures must be made for each CMRA address. Complete this form for each CMRA address listed on your filing.

CMRA address (To which address in the filing do the disclosures apply?)	
Customer address (The street home address of the CMRA customer, this should match the address listed on Item 9b in PS Form 1583)	
Customer name (The name of the governing person who resides at the customer address)	
Customer phone number	
Customer email address	
Submitter's email address (Email address of the person submitting the filing)	

SIGNATURE

In Witness Whereof, the undersigned executes this Disclosure Statement and verifies, subject to penalties of perjury, that the statements and disclosures herein are true.	
Printed Name	Title (if applicable)
Signature	Date