



CANCELLATION OF ASSUMED BUSINESS NAME (ALL ENTITIES)

State Form 55339 (R7 / 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. For additional forms please visit in.gov/sos/business/division-forms
4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: *This form can only be used to cancel one assumed business name. Please submit a separate form and fee for each assumed business name to be cancelled.*

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-0.5-3-4

NO FILING FEE

1. Name of entity	
2. Date of formation / registration (month, day, year)	
4. Assumed business name(s) to be cancelled	

5. Signature	Date of signature (<i>month, day, year</i>)
6. Printed name and title	

This instrument was prepared by: