

SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576 www.sos.in.gov

Name of business

- INSTRUCTIONS: 1. Use 8½" x 11" white paper for attachments.
 - 2. Please TYPE or PRINT in INK.
 - 3. Please visit our office on the web at www.sos.IN.gov
 - 4. Make check or money order payable to the Secretary of State.
 - 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: This form cannot be used for county filing of an assumed business name.

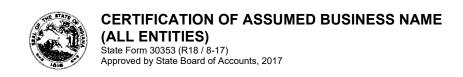
NOTE: This form can only be used to apply for one assumed business name. Please submit a separate form and fee for each assumed

business name.

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

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)			
()					





Indiana Code 23-0.5-3-4 23-0.5-9-40

For-Profit Corporations, Limited Liability Companies, Limited Partnerships, Limited Liability Partnerships:

FILING FEE: \$30.00 per name

Nonprofit Corporations:

FILING FEE: \$26.00 per name

1. Name of entity						
2. Date of formation / registration (month, day, year)						
		T =-				
3. Address at which the entity will do business under the assumed name (number and street)		City	State	ZIP code		
4. Assumed business name						
5. Address of principal office (number and street)		City	State	ZIP code		
6. Signature	Data	f signature <i>(month, day, year)</i>				
0. Signature	Date	i signature (monur, day, year)				
7. Printed name and title						
This instrument was prepared by:						