



CERTIFICATION OF ASSUMED BUSINESS NAME (ALL ENTITIES)

State Form 30353 (R18 / 8-17)
Approved by State Board of Accounts, 2017

SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- 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.

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
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 (<i>month, day, year</i>)			
3. Address at which the entity will do business under the assumed name (<i>number and street</i>)	City	State	ZIP code
4. Assumed business name			
5. Address of principal office (<i>number and street</i>)	City	State	ZIP code
6. Signature	Date of signature (<i>month, day, year</i>)		
7. Printed name and title			

This instrument was prepared by:
