

Diego Morales SECRETARY OF STATE **BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 234-9768 INBiz.in.gov

Name of business

- INSTRUCTIONS: 1. Use 8½" x 11" white paper for attachments.
 - 2. Please $\underline{\textit{TYPE}}$ or $\underline{\textit{PRINT LEGIBLY}}$ in $\underline{\textit{INK}}$. Print all forms single sided.
 - 3. For additional forms please visit in.gov/sos/business/division-forms
 - 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.

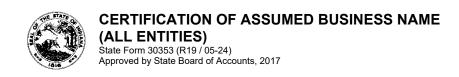
NOTE: This form can only be used to apply for one assumed business name. Please submit a separate form and fee for each assumed

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)					
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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

Name of entity						
2. Date of formation / registration (month, day, year)						
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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		
3. Address of philopal office (harber and street)		Only .	Claic	211 0000		
6. Signature	Date o	f signature (month, day, year)				
7. Printed name and title						
This instrument was prepared by:						