



# CANCELLATION OF ASSUMED BUSINESS NAME (All Entities)

State Form 55339 (7-13)  
Indiana Code 23-15-1-1(g)

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**CORPORATIONS DIVISION**  
302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204  
Telephone: (317) 232-6576

**NO FILING FEE**

- INSTRUCTIONS:**
1. Use an 8 1/2" x 11" sheet of white paper for attachments.
  2. Present original and one (1) copy to address in upper right corner of this form.
  3. Please **TYPE** or **PRINT**.
  4. Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

1. Name of entity	2. Date of incorporation / admission / organization ( <i>month, day, year</i> )
3. Principal office address of the entity ( <i>street address</i> )	
City, state, and ZIP code	
4. Assumed business name(s) to be cancelled	
5. Signature of officer or other authorized party	5. Printed name and title

This instrument was prepared by: