

NOTICE OF DISSOLUTION OF BUSINESS

STATE OF INDIANA, COUNTY OF HOWARD

(For Sole Proprietorships or General Partnerships)

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CROSS REFERENCE TO ASSUMED BUSINESS NAME RECORD: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

x _____
Signature of Member Printed Name Capacity

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Signature of Notary / Recorder Printed Name County of Residence

Notaries Only – My Commission Expires: _____ SEAL

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Print Name _____

FORM PREPARED BY: _____