

**DISSOLUTION OF
CERTIFICATE OF ASSUMED BUSINESS NAME
ORIGINAL RECORDING REFERENCE NO. _____**

For individuals, sole proprietorships, or general partnerships conducting
business under a name other than their real name

NAME OF BUSINESS _____

KIND OF BUSINESS _____

ADDRESS OF BUSINESS _____

NAMES & COMPLETE ADDRESSES OF MEMBERS OF THE BUSINESS

_____ RESIDES AT _____

_____ RESIDES AT _____

_____ RESIDES AT _____

THE ABOVE LISTED BUSINESS HAS BEEN DISBANDED AND/OR TERMINATED AS OF:

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

SIGNATURE OF BUSINESS MEMBER _____

Print Member's Name

STATE OF INDIANA

SS:

TIPPECANOE COUNTY

_____, personally appeared before me, a Notary Public, has
personal knowledge of the above facts stated are true and accurate. Subscribed and sworn to before
me, a Notary Public this _____ day of _____, 20_____.

My Commission Expires _____

County of Residence _____

Notary Public - Signature

Notary Public - Printed Name

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security
number in this document, unless required by law.

This instrument was prepared by _____