

ALL INFORMATION MUST BE COMPLETED BEFORE RECORDING  
TYPE OR PRINT IN BLACK INK

**DISSOLUTION OF  
ASSUMED BUSINESS NAME**  
Referenced # \_\_\_\_\_

For Individuals, Sole Proprietorships, Firms or Partnerships  
engaged in business under a name other than their own

**STATE OF INDIANA, COUNTY OF ST JOSEPH**

**Name of Business:** \_\_\_\_\_

**Kind of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

Number, Street, City, State & Zip Code

**Printed names & complete residence address of members of Business:**

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Capacity of Signer

This completed form must be filed in the office of the County Recorder of each county in which a place of business or office is located.

\_\_\_\_\_  
Date of Document

\_\_\_\_\_  
Recorder's Signature & 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) \_\_\_\_\_