



APPLICATION FOR RENEWAL OF RESERVATION OF EXCLUSIVE USE OF A CORPORATE NAME

State Form 26237 (R6 / 1-03)

Approved by the State Board of Accounts, 1995

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

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

Indiana Code 23-1-23-2

FILING FEE \$20.00

Reserved Corporate name	
Date of Original Reservation	
Date of last application for Renewal of Reservation	
Name of applicant / owner *	
Address of applicant (<i>number and street, city, state, ZIP code</i>)	
<p>IN WITNESS WHEREOF, the undersigned executes this Application and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____</p> <p>day of _____, 20_____.</p>	
Signature	Printed name

* The applicant is the owner of the reserved name. The owner is the only person who may use the name or transfer the reservation pursuant to IC 23-23-2(b).