

***CANCELLATION OF ASSUMED BUSINESS NAME***

**State of Indiana, County of Noble**

Recording Fees $25.00

**Name of Business:**

**Nature of Business:**

**Address of Business:**

**Document number of original filing:**

**Form prepared by:**

**Document Number:**

***SECTION TO BE COMPLETED BY/IN THE 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.

**MEMBER’S SIGNATURE PRINTED NAME CAPACITY**

Subscribe and sworn to before me, this day of , 20 .

**SIGNATURE OF NOTARY/RECORDER PRINTED NAME COUNTY OF RESIDENCE**

***(Notaries only)*** *My commission expires:*

**Filed on , Noble County Recorder**

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