

NOTICE OF DISSOLUTION OF BUSINESS

FOR PERSONS (SOLE PROPRIETORSHIPS, ASSOCIATIONS, OR GENERAL PARTNERSHIPS)
ENGAGED IN BUSINESS UNDER A NAME OTHER THAN THEIR OWN (DBA)

STATE OF INDIANA, COUNTY OF LAPORTE

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

DATE OF CREATION _____ **RECORDED CERTIFICATE NUMBER** _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

NAME: _____

NAME: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

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

Signature of Notary	Printed Name	County Of Residence
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(Notaries only) my commission expires:: _____

FORM PREPARED BY:: _____

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.

Printed Name	Signature
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Send to: LaPorte County Recorder, 555 Michigan Ave, Suite 201, LaPorte, IN 46350-3488

Include \$25.00 and a self-addressed, stamped envelope