



CANCELLATION OF ASSUMED BUSINESS NAME
State of Indiana, County of DeKalb

Recording Fees \$25.00

Name of Business: _____

Nature of Business: _____

Address of Business: _____

Document number of original filing: _____

Document Number: _____

SECTION TO BE COMPLETED IN THE 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

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

Signature of Notary

Printed Name

County of Residence

My Commission Expires: _____

Filed on _____, DeKalb County Recorder

Prepared by and "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." _____