

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 LA PORTE

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

DATE OF CREATION. \_\_\_\_\_ RECORDED CERTIFICATE NUMBER. \_\_\_\_\_

PRINTED NAME AND ADDRESS OF MEMBERS OF BUSINESS:

NAME. \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

to be completed by/in 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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

Signature of Notary/Recorder

Printed Name

County Of Residence

(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.

SIGNATURE. \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

Send to: La Porte County Recorder-SSS Michigan Ave, Suite 201-La Porte, In 46350-3488- Include \$12.00-sase