

State of Tennessee



Department of State

Corporate Filings

312 Rosa L. Parks Avenue

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

APPLICATION FOR CANCELLATION OF ASSUMED CORPORATE NAME

Filing Fee \$20.00

For Office Use Only

Pursuant to the provisions of Section 48-14-101(e) of the Tennessee Business Corporation Act or Section 48-54-101(e) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is: _____

2. The state or country of incorporation is: _____

3. The corporation intends to cease transacting business under an assumed corporate name by cancelling it.

4. The assumed corporate name to be cancelled is: _____

Signature Date

Name of Corporation

Signer's Capacity

Signature

Name (typed or printed)