

SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576 www.sos.in.gov

INSTRUCTIONS:

- 1. All corporations must complete Sections A-H (Sections G and H are located on the reverse side of this form).
- 2. All LLCs and Master LLCs must complete Sections A-E and Section H. Series do not file Business Entity Reports.
- 3. Please <u>TYPE</u> or <u>PRINT</u> in <u>INK</u>.
- 4. Make check or money order payable to the Secretary of State.
- 5. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.
- 6. File report online with a credit card. Refer to www.sos.in.gov.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business			
E-mail address of business (SOS use only)			
E mail address of business (GGG use only)			
RETURN DOCUMENTS TO:			
Name			
Street address, line 1			
Officer address, line 1			
Street address, line 2			
City	State	ZIP code	
City	State	211 0000	
Telephone number	E-mail address (If different from above - SOS	use only)	
[`			



Indiana Code 23-1-18-3 23-17-29-3 23-18-12-3

SECT	ION A
Current entity name and principal office address (number and street, city, state, and ZII	P code) Please make any changes to address here. *
* Early and a second bank and a second as the second	
* Entity name cannot be changed on this report.	TION B
Current filing year	Past filing years reported on this form
our cirk mining your	T dot ming years reported on this form
SECT	ION C
Date of incorporation / qualification / formation (month, day, year)	State of domicile
Date of mosperation, quamication, formation (month, day, your)	State of definition
SECT	ION D
(Please check the appropriate	type for your corporate entity.)
Business Corporation Professional Corporation Nonprofit Corporation	oration Ag Coop Limited Liability Company (LLC) Master LLC
	ION E
Current registered agent and registered address **	Please make changes to agent and address here.
** P.O. box is not an acceptable address unless accompanied by a rural rout	te number
	TION F
Current President or highest officer and address (number and street, city, state, and Zli	
	,
Current Secretary or other officer and address (number and street, city, state, and ZIP	code) Please make changes to officer and address here.

(Plage list t	SECTION (S) and address(as) of current di		n additional shoot \	
Name of Director	he name(s) and address(es) of current di Street Address (number and street		State	ZIP Code
		,		
(This must be sign	SECTION SECTIO	ne board, registered agent, certif		nt or
Required if registered agent inform	an attorney employed by the entity or be	y a member of manager of the L	-LG.)	
	·			
By checking the box, the sign the appointment of the register	nator(s) represent(s) that the registered ager ered agent.	nt named in the application has cor	nsented to	
In Witness Whereof, the undersign	ned executes this Indiana Business Report a	and verifies, subject to penalties of		
narium, that the statements contain	ned herein are true, this day of	20		
perjury, that the statements contain	ned herein are tide, this day or		·	
Signature		Printed name		
	<u> </u>			
	FEE SCHI	EDULE		
FOR-PROFIT CORPORATIONS (Domestic and Foreign) AND LIMITED LIA	ABILITY COMPANIES (Domestic	and Foreign)	
	a biennial report with the Secretary of State. Entities registered in an even year must file e			
NONPROFIT CORPORATIONS				
All nonprofit corporations (demost	ic and foreign) must file a biennial report with	the Secretary of State. The foo is	\$20.00 for a two-year	registration
Nonprofit corporations that were fo year going forward. Nonprofit corporations	rmed January 1 through June 30 will file thei orations that were formed July 1 through Dec ext biennial report in 2018 and in each even	r first biennial report, with the \$20.0 cember 31 will file their first biennial	00 filing fee, in 2017 ar	nd in each odd
LIMITED LIABILITY PARTNERSI	HIPS, LIMITED PARTNERSHIPS, AND SEI	RIES		
These entities do not file corporate	e reports.			