



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

NOTICE OF TRANSFER/CANCELLATION OF FICTITIOUS NAME

(Please type or print)

The undersigned, pursuant to the laws of the State of Arkansas, hereby requests that the following fictitious name be transferred and cancelled:

Fictitious Name Exactly as Filed

Transferring Entity: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Entity Using the Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

This Transfer/Cancellation of Fictitious Name must be filed in conjunction with the applicable Application for Fictitious Name.

AFFIDAVIT

I, the undersigned, being first duly sworn, state that I am the current user of the Fictitious Name being transferred or the lawfully authorized representative of the current user, and that I have the authority to make this transfer. The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Transferor's Signature

Title, if Applicable

State of Arkansas

County of _____

Subscribed and sworn before me, a Notary Public,

On this _____ day of _____, 20____

{Seal}

My Commission Expires: _____ Notary Public: _____