TRADE NAME (DBA) WITHDRAWAL (Form for Individual, Sole Proprietorship and General Partnership registered through West Virginia State Tax Department.) Form TN-2

Rev. 3/2019

West Virginia Secretary of State **Business & Licensing Division** Tel: (304)558-8000 Fax: (304)558-8381 Website: www.wvsos.gov

FILE ONE ORIGINAL (Two if you want a filed stamped copy returned to you.) FILING FEE: N/A

**** The undersigned, having authority to execute this application, duly acknowledges compliance to withdraw the trade name **** for the registered business below according to West Virginia Code §47-8-2; 3.

1. The name of the business applying to withdraw a Trade Name (DBA) is:

The business in question #1 above MUST BE REGISTERED WITH THE WEST VIRGINIA STATE TAX DEPARTMENT. This application will be rejected if the business is not registered with the State Tax Department. If your organization is registered as a Corporation, Limited Liability Company, Limited Partnership, Limited Liability Partnership, Voluntary Association or Business Trust, DO NOT complete this form. You must file, instead, Form NR-4 to register a Trade Name (DBA).

- 2. The above business is withdrawing the following Trade Name (DBA) [If more than one Trade Name (DBA) is being withdrawn, *list each name being withdrawn on a separate line below.*]:
 - a. Trade Name (DBA): _____
- b. Trade Name (DBA):
- c. Trade Name (DBA):
- d. Trade Name (DBA):
- 3. List the full name(s) and address(es) of the person or persons having signature authority to make the application per WV Code §47-8-2. [NOTE: If the business is a General Partnership, ALL PARTNERS must be listed under this section and each partner must sign this application under item #4 below. Continued on page 2. Attach additional pages if more than four partners are listed on the general partnership]:

a. Name 1:	
Address 1:	
Address 2:	
City/State/Zip:	
b. Name 2:	
Address 1:	
Address 2:	
City/State/Zip:	
c. Name 3:	
Address 1:	
Address 2:	
City/State/Zip:	Continued or

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3.	Continued from page 1.			
d.	Name 4:			
	Address 1:			
	Address 2:			
	City/State/Zip:			
4.	Contact and Signature Information:			
	Enter in the spaces below the contact information of the person to reach in case there is a problem with the application.			
	Contact Person Name:	Contact Pho	one #:	
	Contact E-mail:			
	 <u>Individual or Sole Proprietorship</u> - Provide only <u>one s</u> <u>General Partnership</u> - Provide <u>signatures of ALL gene</u> 	ignature in the space below.	item #3.	
	Signature:			
1	Signature:	_ Title:		
1	Signature:	Title:	Date:	
	Signature:	Title:		

Important Note: This form is a public document. Please DO NOT provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

Rev. 11/2022

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 **EXPEDITED SERVICE** (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, *see below*)

Expedite Service	* <u>Fee</u>	EXPEDITED SERVICE requests may be submitted by:
24-Hour	\$ 25.00	- E-mail to <u>efilings@wvsos.com</u>
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in deliverv

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply.

STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.com
- Fax
- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS *Standard and Expedited Filings*

<u>Charleston Office</u> One-Stop Business Center 13 Kanawha Blvd. West	<u>Clarksburg Office</u> North Central WV Business Center 153 West Main Street	Martinsburg Office Eastern Panhandle Business Center 229 E. Martin Street
Suite 201	Suite G- Third Floor	Martinsburg, WV 25401
Charleston, WV 25302	Clarksburg, WV 26301	Phone: (304) 356-2654
Phone: (304) 558-8000	Phone: (304) 367-2775	Fax: (304) 260-4360
Fax: (304) 558-8381	Fax: (304) 627-2243	Hours: Mon Fri. 9:00a - 5:00p EST
Hours: Mon Fri. 8:30a - 5:00p EST	Hours: MonFri. 9:00a - 5:00p EST	

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Customer Order Requ	est SUBMIT THIS COMPLETED FORM WITH YOUR FILING.
>> Tax Department fili	FORE SUBMITTING - Expedite service is NOT AVAILABLE for the following filings: ngs including Sole Proprietorships, General Partnerships, and Associations drawal of Corporation, Voluntary Association or Business Trust
Order Processing Requested*	* * * Expedite Processing Requires Additional Fees * * *
Standard Processing**	24-HOUR Expedite*** 2-HOUR Expedite 1-HOUR Expedite
(Avg. processing turnaround 5-10 business days)	(additional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)
Email to: <u>CorpFilings@wvsos.com</u>	Email to: <u>eFilings@wvsos.com</u>
	ALL Requests for Copies of documents email to: <u>Copies@wvsos.gov</u>
**Standard Processing applications received	ompleted and registered in the Secretary of State registration database. Wed by E-MAIL or FAX must include the e-Payment Authorization form with credit card information. gh any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR
Name of Entity:	
Return filing to: (Return Address)	
Contact Name:	Phone:
Return Delivery Options: Email	or Fax options do not receive a copy via mail; must be ordered separately.
Email to:	Fax to:
Hold for Pick Up	o Return Address above FedEx: Acct #
Other (explain below):	UPS: Acct #
Order Description (include items being	ordered and fee breakdown).

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. <u>Certified copy requests</u> are an additional <u>\$15 per certified copy</u> being requested.

Total Amount:

Payment Method:

Check/Money Order	Credit Card	(Must attach e-Payment Authorization request form including payment information.)
Cash (<u>Do Not</u> mail cash)	Pre-paid Acc	t#: Attach signed pre-paid slip.

MAC WARNER Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: www.sos.wv.gov

24-hour, 2-hour and 1-hour

Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR **EXPEDITE**" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

	Rev. 11/2017
e-Payment Authorization	USE BLACK INK ONLY - DO NOT HIGHLIGHT This document contains confidential financial information and will be properly shredded after payment
	has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.
Service Type: Fax E-mail	Mail
Payment by Card (card holder name and	billing address required below)
Card Type: Visa	Mastercard Discover American Express
Credit Card Number:	V Code*
 * 3-digit number on back of VISA, Mas 4-digit number on front right side of A 	
	ses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number his code will result in the rejection of your filing or service request.
Credit Card Expiration Date: Month:	Year:
	Amount to Charge Card: USD \$
Order Information (required)	
Entity Name:	
Card Holder Information:	
Name as it appears on the account	
Billing Address	
City	State Zip Code
Telephone	Ext.
Payment Information Storage Autho I authorize the Secretary of State to store this p	rization (optional) ayment information for future payment transactions processed by Secretary of State:
X Authorized Signature	Date
8	
Payment Authorization (required)	ount not to exceed the following to be charged to the above listed account(s):
▼	
Authorized Signature	Date
	Not to Exceed Amount: USD \$