TRADE NAME
REPORT

Filing Fee: $25.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

I hereby execute the following trade name report in order for a business entity to do business in Oklahoma under a name other than its legal name pursuant to the provisions of Title 18, Section 1140:

1. **Trade name** under which the business is carried on in Oklahoma:

❖ The trade name or d/b/a name **must be different** than the legal name stated within article #4 below.

2. **Address(es)** where business is being carried on under the trade name:

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3. **Brief description** of the kind of business being transacted under the trade name:

4. Legal name of the **"business entity"** doing business under the trade name:

❖ As used in this section: **"Business entity" means** a corporation, a business trust, a common law trust, a limited liability company, or any unincorporated business, including any form of partnership. An unincorporated business may include an individual doing business under a trade name. In this case, the legal name would be the individual's legal name.

5. Type of **"business entity"** filing the trade name report: (check **one** of the following)

☐ Corporation ☐ Business trust ☐ Common law trust
☐ Limited liability company ☐ Unincorporated business ☐ Partnership

6. **State** or **jurisdiction** where the **"business entity"** was formed:

COMPLETE ONLY THE ACKNOWLEGEMENT SECTION WHICH APPLIES TO THE BUSINESS ENTITY FILING THIS TRADE NAME REPORT.

BUSINESS ENTITY ACKNOWLEDGEMENT

(Limited Liability Companies, Business Trusts, Unincorporated Businesses, Common Law Trusts, or Partnerships)

- **Signed this ____ day of _____, _____ by:**

Signature	Signature
Printed Name	Printed Name
Title	Title

CORPORATION ACKNOWLEDGEMENT

Signed this _____ day of _____, _____ by:

Signature

Printed Name and Title

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)