Mississippi Secretary of State
Michael Watson

401 Mississippi St., Jackson, MS 39201
601-359-1350 • www.sos.ms.gov

DECLARATION OF WRONGFUL BUSINESS FILING

SECTION 1: CONTACT INFORMATION

Full Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

SECTION 2: BUSINESS FILING INFORMATION

Business Name: _____ **Business ID:** _____

Relationship to the Business (if applicable): _____

Date(s) of Filings (if known): _____

SECTION 3: TYPE OF WRONGFUL FILING (Check all that apply)

- ☐ A business was created using my name or personal information without my permission.
- ☐ My name was listed in a business filing without my permission.
- ☐ My address was included in a business filing without my permission.
- ☐ An existing business record was changed without my permission.
- ☐ Other: _____

SECTION 4: WRONGFUL FILING DETAILS

Explain what happened and why you believe the business filing was made without your permission. Be as specific as possible. Note: Attach additional pages if needed.

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SECTION 5: FILER INFORMATION (If known)

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Additional Individuals or Information:

AFFIDAVIT OF AFFIRMATION

Under the penalty of perjury, I hereby certify that I have read the above form and know its contents and the facts stated therein are true and correct to the best of my knowledge and that I believe this complaint complies with Mississippi law. I understand that I am signing the above information and the information contained in any attachment or supplement under the penalty of perjury.

_____	_____
Signature	**Title**
_____	_____
Printed Name	**Date**

Sworn and subscribed before me this _____ day of _____, 20_____.

State of Mississippi

County of: _____

Notary Public:_____

My Commission Expires: _____