

CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorship; associations; or general partnerships)
engaged in business under a name other their own (DBA)

STATE OF INDIANA, COUNTY OF _____.

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ AT _____
Name Address

FORM PREPARED BY: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

_____ _____ _____
Member's Signature Printed Name Capacity

Subscribe and sworn to before me, this ____ day of _____, 20__.

_____ _____ _____
Signature of Notary Printed Name County of Residence

(Notaries only) my commission expires _____.

Filed on _____, 20__ - _____, Recorder.

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.
