

DISCONTINUANCE OF ASSUMED BUSINESS NAME

for persons (sole proprietorship, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF _____

ORIGINAL RECORDING REFERENCE NO. _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

ADDRESS OF BUSINESS _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____
(Name of member) (Address, city, state, & zip)

_____ at _____
(Name of member) (Address, city, state & zip)

_____ at _____
(Name of member) (Address, city, state & zip)

Form Prepared by: _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Print name: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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

_____ Member's Signature	_____ Printed Name	_____ Capacity
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Subscribed and sworn to before me, this _____ *day of* _____ *, 20* _____

_____ Signature of Notary / Recorder (Notaries only) Commission Number Commission Expires	_____ Printed Name _____ _____ _____	_____ County of Residence
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