CERTIFICATE 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 _____

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

Subscribed and sworn to before me, this _____ day of _____ , 20 _____

_____ _____ _____
Signature of Notary / Recorder Printed Name County of Residence

(Notaries only) Commission Number _____

Commission Expires _____