

CORPORATION AND “DOING BUSINESS AS” NAMES

This is to educate you on the interaction between Legal (*corporation*) names and assumed business names. When a corporation is formed, it has a name listed on the Articles of Incorporation. This name is the name of the legal entity. The legal entity may do business under other names. For example, Smith, Inc. may do business as Smith Home Health Care. Smith Home Health Care is an assumed name of the Corporation. The Corporation files a form with the Indiana Secretary of State stating its assumed business name. This is done to prevent others from using the name and to provide notice the legal entity name of the applicants



The Company then does business under the assumed name. Its name may appear on licenses, leases, contracts, etc. as Smith, Inc. d/b/a Smith Home Health Care. To the public, the company is simply Smith Home Health Care. The legal entity that owns the licenses, is obligated under the lease, pays the employees, etc., is Smith, Inc. It just goes by Smith Home Health Care.

Some providers will have assumed names for all of their lines of business for example; Smith Home Health, Smith Personal Care, Smith Hospice, etc. Even with all of the names, the company is still just one legal entity.

For application purposes, the entity could simply apply under its corporate name and submit the articles of incorporation. Another option would be to apply under the assumed name and submit the articles of incorporation and the assumed name filing. Each option provides the state with documentation of who the legal entity providing services is as well as the name under which those services are provided.

Attached are examples on how to complete the “doing business as” (dba) and legal names on the “Application For License To Operate A Personal Services Agency” (SF 53391).

- ◆ Example 1: Legal Name Only
- ◆ Example 2: Legal and Doing Business As” (dba) Names

CORPORATION (LEGAL) WITHOUT A DOING BUSINESS AS (DBA) NAME HOW TO COMPLETE LEGAL NAME ON THE APPLICATION EXAMPLE 1

EXAMPLE 1A
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0025

DATE OF THIS NOTICE: 10-31-2003
NUMBER OF THIS NOTICE: CP 575 E 11-111
EMPLOYER IDENTIFICATION NUMBER: 0000000
FORM: 55-4

FOR ASSISTANCE CALL US
1-800-829-0119

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.
IF YOU WRITE, ATTACH A
STUB OF THIS NOTICE.

COMPASSIONATE SERVICES LLC
JANE DOE
111 SNOWFLAKE LANE
NORTH POLE ZA 11111

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form 55-4, Application for Employer Identification Number (EIN). We assigned you EIN 11-1111111. This EIN will identify your business account tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments or related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1025/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

EXAMPLE 1B

State of Indiana
Office of the Secretary of State
CERTIFICATE OF ORGANIZATION

of
COMPASSIONATE SERVICES, LLC

I, TODD RORITTA, Secretary of State of Indiana, hereby certify that Article of Organization of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the documents required by law and that the determination presented conforms to law as presented by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, October 09, 2003.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 9, 2003.

Todd Roritta
TODD RORITTA,
SECRETARY OF STATE

200310100002 / 2381010102560



**APPLICATION FOR LICENSE
TO OPERATE A PERSONAL SERVICES AGENCY**
State Form 53391 (R2/3-12)
Approved by State Board of Accounts, 2012
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-27-4)

Division of Acute Care Use Only

Date Received (month, day, year) _____ Date Approved (month, day, year) _____

All questions on this application must be answered completely and legibly in printed or typed script. Include all required documentation and fee with the application. Complete all sections on this application. An incomplete or illegible application will be returned without being processed. This application and the license, and/or approval which may be issued as a result, are neither assignable nor transferable. A non-refundable application fee in the amount of \$250.00 must accompany this application. No license shall be issued without receipt of this fee and a completed and approved application. The license must be renewed annually.

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Type of application is required to be checked.

Change of Ownership (Anticipated date of sale/purchase) _____ New Agency

- Submit a dated and signed copy of the bill of sale or comparable document with the change of ownership application.
- Submit a copy of the agency's license if the applicant is purchasing.

SECTION II - IDENTIFYING INFORMATION

A. Personal Services Agency Parent Practice Location

If the "doing business as" name is different from the legal entity name (i.e. corporation or limited liability company) submit a "Certificate of Assumed Business Name" document from the Indiana Secretary of State (SOS). The document will reflect the legal entity's name and the "doing business as" name.

Name of agency (list agency name in this section as it appears on the document from the SOS.)

COMPASSIONATE SERVICES LLC

Street address (number and street)

City _____ County _____ ZIP Code +4 _____

Telephone number () _____ Fax number () _____ E-mail address (agency specific) _____ Web address _____

B. Agency's office hours (i.e. 8:00 a.m. - 4:00 p.m.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

C. Mailing Address (if different from practice location)

Street address (number and street) _____ P.O. Box _____

City _____ State _____ ZIP Code +4 _____

D. Licensee/Ownership Information

The legal entity name (i.e. the name of the corporation, or limited liability company) must register with the Indiana Secretary of State (SOS) for doing business in Indiana. Submit applicable document from the SOS (articles/certificate of incorporation or certificate of organization and certificate of assumed business name, if applicable). Submit document from the Internal Revenue Service (IRS) that reflects the legal entity's name and EIN number. Name of legal entity (list the legal name in this section as it appears on the document from the IRS and associated with the EIN number and SOS.)

COMPASSIONATE SERVICES LLC

Street address (number and street)

P.O. Box _____

City _____ State _____ ZIP Code +4 _____

Telephone number () _____ Fax number () _____

EIN Number (submit document from IRS to validate) _____ Fiscal year end date (mm/dd) _____

CORPORATION (LEGAL) WITH A DOING BUSINESS AS (DBA) NAME HOW TO COMPLETE LEGAL AND DBA NAMES ON THE APPLICATION EXAMPLE 2

EXAMPLE 2B

State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME
of
COMPASSIONATE SERVICES, LLC

I, **TODD ROKITA**, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Kentucky For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

HELPING PERSONAL SERVICES

NOW, THEREFORE with this document I certify that said transaction will become effective Monday, August 02, 2004.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 2, 2004.

Todd Rokita
TODD ROKITA,
SECRETARY OF STATE



200408050007 / 2004080214821

EXAMPLE 2A
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE, KY 00581-0825

DATE OF THIS NOTICE: 11-12-2003
NUMBER OF THIS NOTICE: CP 579 A
EMPLOYER IDENTIFICATION NUMBER: 11-1111111
FDRN: 55-4 MOHD 000603079
013535266 8

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.
IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

COMPASSIONATE SERVICES LLC
HELPING PERSONAL SERVICES
111 SNOWFLAKE LANE
NORTH POLE ZA 11111

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form 55-4, Application for Employer Identification Number (EIN). We assigned you EIN **11-1111111**. This EIN will identify your business account, tax returns, and documents when it you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form 55-4, you must file the following form(s) by the date we show.

Form 941	01/31/2004
Form 1120	01/31/2004
Form 940	01/31/2004

Your assigned tax classification is based on information obtained from your Form 55-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may need a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B. 7 (or the superseding revenue procedure for the year of issue).

If you need help in determining what your tax year is, you can get Publication 528, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.



**APPLICATION FOR LICENSE
TO OPERATE A PERSONAL SERVICES AGENCY**
State Form 5339 (R2 / 8-12)
Approved by State Board of Accounts, 2012
Indiana State Department of Health - Division of Acute Care
(Pursuant to IC 12-2-74)

Division of Acute Care Use Only	
Date Received (month, day, year) _____	Date Approved (month, day, year) _____

All questions on this application must be answered completely and legibly in printed or typed script. Include all required documentation and fee with the application. Complete all sections on this application. An incomplete or illegible application will be returned without being processed. This application and the license, and/or approval which may be issued as a result, are neither assignable nor transferable. A non-refundable application fee in the amount of \$65.00 must accompany this application. No license shall be issued without receipt of this fee and a completed and approved application. The license must be renewed annually.

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION	
Type of application is required to be checked:	
<input type="checkbox"/> Change of Ownership (Anticipated date of sale/purchase) _____	<input type="checkbox"/> New Agency
<ul style="list-style-type: none"> • Submit a dated and signed copy of the bill of sale or comparable document with the change of ownership application. • Submit a copy of the agency's license if purchasing. 	
SECTION II - IDENTIFYING INFORMATION	
A. Personal Services Agency Parent Practice Location	
If the "doing business as" name is different from the legal entity name (i.e. corporation or limited liability company) submit a "Certificate of Assumed Business Name" document from the Indiana Secretary of State (SOS). The document will reflect the legal entity's name and the "doing business as" name.	
Name of agency (List agency name in this section as it appears on the document from the SOS.) HELPING PERSONAL SERVICES	
Street address (number and street) _____	
City _____	County _____ ZIP Code +4 _____
Telephone number () _____	Fax number () _____
E-mail address (agency specific) _____	
Web address _____	
B. Agency's office hours (i.e. 8:00 a.m. - 4:00 p.m.)	
Monday _____	Tuesday _____
Wednesday _____	Thursday _____
Friday _____	Saturday _____
Sunday _____	
C. Mailing Address (if different from practice location)	
Street address (number and street) _____	
P.O. Box _____	
City _____	State _____ ZIP Code +4 _____
D. Licensee/Ownership Information	
The legal entity name (i.e. the name of the corporation or limited liability company) must register with the Indiana Secretary of State (SOS) for doing business in Indiana. Submit applicable document from the SOS (articles/certificate of incorporation or certificate of organization and certificate of assumed business name, if applicable). Submit document from the Internal Revenue Service (IRS) that reflects the legal entity's name and EIN number.	
Name of legal entity (List the legal name in this section as it appears on the document from the IRS and associated with the EIN number and SOS.) COMPASSIONATE SERVICES LLC	
Street address (number and street) _____	
P.O. Box _____	
City _____	State _____ ZIP Code +4 _____
Telephone number () _____	Fax number () _____
EIN Number (submit document from IRS to validate) _____	
Fiscal year end date (mm/dd) _____	