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 _____

NATURE OF BUSINESS _____

ADDRESS OF BUSINESS_____
_____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____
_____

_____ at _____
_____

_____ at _____
_____

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.

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 expires _____