

***CERTIFICATE OF ASSUMED BUSINESS NAME***

**STATE OF INDIANA, COUNTY OF NOBLE**

For persons (sole proprietorships, associations, or general partnerships)

engaged in business under name other than their own (DBA)

**NAME OF BUSINESS:**

**NATURE OF BUSINESS:**

**ADDRESS OF BUSINESS:**

**PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:**

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*“I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the document, unless required by law.”* This form has been prepared by:

**SECTION TO BE COMPLETED BY/IN THE 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 are true.

**MEMBER’S SIGNATURE PRINTED NAME CAPACITY**

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

**SIGNATURE OF NOTARY/RECORDER PRINTED NAME COUNTY OF RESIDENCE**

**(Notaries only)** My commission expires: