CERTIFICATE OF ASSUMED BUSINESS NAME

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

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

Member's Signature	Printed Name	Capacity

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 are true.

STATE OF INDIANA, COUNTY OF _____

Subscribed and sworn to before me, this _____ *day of* _____ , 2007 *(year).*

Signature of Notary/Recorder	Printed Name	County of Residence

(Notaries only) my commission expires _____

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 bylaw."

_____
(name)