

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 NAME AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ 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 is true.

STATE OF INDIANA, COUNTY OF _____

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

Signature of Notary/Recorder

Printed Name

County of Residence

(Notary 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 by law.”

(name)