

CERTIFICATE OF ASSUMED BUSINESS NAME

For individuals (sole proprietors), forms or partnership engaging in business under a name other their own (DBA)

NAME OF BUSINESS: _____

KIND OF BUSINESS: _____

PLACE OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

I hereby acknowledge that I have personal knowledge of the facts stated above and that each are true.

_____	_____	_____
Written Name	Printed Name	Title of Signer

State of Indiana,
County of _____

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said County, personally appeared _____, and have acknowledged this execution of the foregoing instrument. Witness by my hand and seal.

Notary Signature _____
Printed Signature _____

Commission Expires: _____ Resident of: _____ County

Prepared By Whom: _____

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. _____

Per IC 36-2-11-15 Name Printed