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** _____

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.

_____ _____ _____

Member's Signature Printed Name Date
Capacity

STATE OF INDIANA, COUNTY OF _____

Subscribed and sworn to before me, this _____ ***day of*** _____, ***20***____

_____ _____ _____

Signature of Notary/[redacted] 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 by law."

_____

(name)