

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

STATE OF INDIANA, County of _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ At _____

_____ At _____

_____ At _____

SECTION TO BE COMPLETED BY/IN THE PRESENCE OF A NOTARY PUBLIC

I certify that I have personal knowledge of the facts stated above and that each of them are true.

Member's signature: _____

Printed Name: _____ Capacity: _____

Subscribed and sworn before me, this _____ Day of _____ 20 _____

Signature of Notary: _____ Printed Name: _____

Commission Expiration Date: _____ County of Residence: _____

This instrument prepared by: _____

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law _____