

**CERTIFICATE 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 \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Printed Name \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_ County of Residence \_\_\_\_\_

This instrument 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