

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ AT _____
Name Address

_____ AT _____
Name Address

_____ AT _____
Name Address

SECTION TO BE COMPLETED IN THE PRESENCE OF NOTARY PUBLIC

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

Members's Signature Printed Name Capacity

Subscribe and sworn to before me, this _____ day of _____, 20____ (Notaries Only)
My commission expires _____

Signature of Notary Printed Name County of Residence

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

FORM PREPARED BY: _____