

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 _____

Member's Signature

Printed Name

Capacity

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

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

STATE OF INDIANA, COUNTY OF SCOTT

Subscribed and sworn to before me, the _____ day of _____, 20_____

Signature of Notary

Printed Name

County of Residence

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)