

CERTIFICATE OF ASSUMED BUSINESS NAME

Per IC 23-15-1

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 & RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

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

Capacity

This document 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. _____

Acknowledged by: _____

County Recorder's Office