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 AND 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

Subscribed and sworn before me, this ____day of _____, 20__.

_____ _____ _____
Signature of Notary Printed Name County of Residence

My commission expires _____

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._____