

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 _____
_____ at _____
_____ at _____
_____ at _____

FORM PREPARED BY: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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 to before me, this ____ day of _____, 20__.

Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires _____

Filed on _____, 20__ . _____, Recorder

"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: _____