

\$25.00 Steuben County Recorder

### CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF STEUBEN

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

*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 \_\_\_\_ Steuben County, 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 \_\_\_\_\_"*