

# 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 BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE 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.

\_\_\_\_\_.