

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 Whitley

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ AT _____

_____ AT _____

**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 is true.

Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this _____ day of _____, _____

Signature of Notary/Recorder Printed Name

County of Residence Date My commission Expires

Filed on _____

Rosemary Brown, Whitley County Recorder

FORM 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. _____

Printed Name