

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.

Members 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 penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Signature _____