

**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 \_\_\_\_\_