

Certificate of Assumed Business Name

Name of Business: _____

Nature of Business: _____

Address of Business: _____

Printed Names and Residences of Members of Business:

_____ at _____

_____ at _____

_____ at _____

This section to be completed in the presence of a notary public:

Member's signature	Printed Name	Capacity
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State of Indiana

County of: _____

Before me, a Notary Public in and for the State and County aforesaid, personally appeared _____, acknowledged the execution of the foregoing instrument and the truth of the matters stated therein.

Witness my hand and Notarial Seal this _____ day of _____, _____

Printed Name of Notary

Signature of Notary

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: _____

