

**CERTIFICATE OF ASSUMED BUSINESS NAME**

Per IC 23-15-1

For persons (sole proprietorships, associations, or general partnerships) engaged in business under a name other than their own (DBA)

NAME OF BUSINESS and DBA: \_\_\_\_\_

KIND OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

PRINTED NAMES, PHONE NUMBER, EMAIL & LEGAL RESIDENCE(S) OF MEMBER(S) OF BUSINESS:

\_\_\_\_\_ Legal Residence \_\_\_\_\_

\_\_\_\_\_ Legal Residence \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Email

\_\_\_\_\_

Member's Signature

Printed Name

Capacity

\_\_\_\_\_ Name of Taxpayer

STATE OF \_\_\_\_\_

SS:

COUNTY OF \_\_\_\_\_

I hereby acknowledge \_\_\_\_\_, personally appeared before me a

Notary Public, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

My Commission Expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public - Signature

\_\_\_\_\_  
Notary Public – Printed Name

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 \_\_\_\_\_ Print Name

This instrument was prepared by: \_\_\_\_\_

**Acknowledged by:** \_\_\_\_\_

**Harrison County Recorder's Office**