ALL INFORMATION MUST BE COMPLETED BEFORE RECORDING

CERTIFICATE OF ASSUMED BUSINESS NAME (DBA)For individuals, (sole proprietorships), Firms, Partnerships or Limited Liability

Companies engaged in business under a name other than their own

STATE OF INDIANA, COUNTY OF WHITE

| NAME OF BUSINESS: | | | |
|---|-------------------------------|---------------------------------------|-------|
| NATURE OF BUSINESS: | | | |
| ADDRESS OF BUSINESS: | | | |
| | Street, City, State and Zip (| Code | |
| PRINTED NA | ME(S) AND COMPLETE ADDRES | S OF MEMBERS OF BUSINESS: | |
| at | | | |
| Signature | Printed Name | Capacity of Signer | |
| This completed form must be filed business or office is located. | in the office of the County R | ecorder of each county in which a pla | ce of |
| Date of Document | | Recorder's Signature and Seal | |
| Form prepared by: | | | |
| | | | |