

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 _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless it is required by law.

This form was prepared by: _____.

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC:

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this ____ day of _____, 20__.

Signature of Notary Printed Name County of Residence

My commission expires _____.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless it is required by law.

(Name)