

CERTIFICATE OF ASSUMED BUSINESS NAME

IC: 23-0.5-3-4

For persons engaged in business under a name other than their own.
(Sole Proprietorships, Associations, DBA or General Partnership)

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

Printed Name and Residence of all business owners	
Name:	Address:
	City, State:
Name:	Address:
	City, State

SECTION TO BE COMPLETED IN PRESENCE OF NOTARY PUBLIC

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

Principal Member's Signature

Principal Member's Printed Name

Capacity

Subscribed and sworn to before me, this _____ date of _____, _____

Signature of Notary

Printed Name & County Residence

Commission Number

My Commission Expires

Form Prepared by: _____
Printed Name

Signature of Preparer

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

Signature