

CERTIFICATE OF ASSUMED BUSINESS NAME
(DBA)

For individuals, sole proprietorships, or general partnerships conducting
business under a name other than their real name

NAME OF BUSINESS

KIND OF BUSINESS

ADDRESS OF BUSINESS

NAMES & COMPLETE ADDRESSES OF MEMBERS OF THE BUSINESS

RESIDES AT

RESIDES AT

RESIDES AT

SIGNATURE OF MEMBER OF FIRM

Print Member's Name

STATE OF

COUNTY OF

I hereby acknowledge, personally appeared before
me, a Notary Public, this day of, 20.

My Commission Expires

My County of Residence

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