

**CERTIFICATE OF ASSUMED BUSINESS NAME**

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

**STATE OF INDIANA, COUNTY OF \_\_\_\_\_**

**NAME OF BUSINESS: \_\_\_\_\_**

**NATURE OF BUSINESS: \_\_\_\_\_**

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

**Printed names and residences of members of business:**

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

**Form Prepared By: \_\_\_\_\_**

**Section to be completed by/in presence of notary public**

**STATE OF INDIANA      KOSCIUSKO COUNTY**

**I hereby certify 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 before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**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 required by law.**

\_\_\_\_\_  
**name**