

# 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 \_\_\_\_\_

FORM PREPARED BY: \_\_\_\_\_

## SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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/Recorder      Printed Name      County of Residence

(Notaries only) my commission expires \_\_\_\_\_

Filed on \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_, Recorder