

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF BARTHOLOMEW

NAME OF BUSINESS _____

NATURE OF BUSINESS _____

ADDRESS OF BUSINESS _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

Signature _____

Printed Name _____

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

State of Indiana:

Bartholomew County:

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

Notary Public Signature

Printed Name

My Commission Expires _____

County of Residence _____

FORM PREPARED BY: _____

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. **Printed Name:** _____