

**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

SS: STATE OF INDIANA
COUNTY OF CLINTON

_____, personally appeared before me, a Notary Public, has personal knowledge of the above facts stated are true and accurate. Subscribed and sworn to before me, a Notary Public this ____ day of _____, 20__.

My Commission Expires _____

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. _____

This instrument was prepared by _____