

CERTIFICATE OF ASSUMED BUSINESS NAME

For individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE: _____

Printed Names of members of firm or partnership, and their Address:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

“I affirm; that under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.” Printed Name: _____

FORM PREPARED BY: _____

THIS 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 is true.

Member's Signature	Printed Name	Title
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STATE OF INDIANA,
COUNTY OF BENTON,

The Notary/Recorder deposes and says that _____ has personal knowledge of the facts above stated, that they and each of them are true.

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

Signature of Notary/Recorder	Printed Name
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(Notary/ Recorder seal)

Notary's County of Residence: _____ Notary's Commission Expires: _____

Filed on _____, 20__ in the office of the Benton County Recorder.

THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.