

CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, 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 & RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

Form prepared by: _____

*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.*

[Signed & printed; printed; or stamped name of individual]