

CERTIFICATE OF ASSUMED BUSINESS NAME

For individuals (sole proprietorship), firms, or partnerships engaged in Business under a name other than their own. (DBA)

State of Indiana, County of Huntington

Name of Business: _____

Kind of Business: _____

Place of Business: _____

Printed names and residences of members of firm or partnership:

_____ at _____

_____ at _____

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

Written signature

Printed name

Capacity of signer

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."

Signature

Printed

If this form has been faxed to you, it must be copied to regular paper before filing. 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.

Filed on _____ *20* _____, *Recorder*