

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 SHELBY

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 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.

_____	_____	_____
Members Signature	Printed Name	Capacity

Subscribed and sworn to before me, this _____ day of _____, _____

_____	_____
Signature of Notary	Printed Name

_____	_____
County of Residence	Date My Commission Expires

Filed on _____, _____

Mary Jo Phares
Shelby County Recorder

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.* _____