

CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations of general partnership
engaged in business under a name other than their own. (DBA)

STATE OF INDIANA, COUNTY OF LA PORTE

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

NAME: _____

NAME: _____

NAME: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

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

Member' Name

Printed Name

Capacity

Subscribed and sworn to before me, this _____ Day of _____, 20__

Signature of Notary

Printed Name

County of Residence

(Notaries only) my commission expires: _____

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