

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 Decatur

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINT NAMES AND ADDRESSES OF MEMBERS OF BUSINESS:

_____ AT _____

_____ AT _____

SECTION TO BE COMPLETED BY OR IN THE PRESENCE OF A NOTARY

I herby certify that I have personal knowledge of the facts stated above and that each of them is
to be true and accurate.

Member's Signature Printed Name Title

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

Signature of Notary Printed Name County of Residence

Expiration Date: _____

Prepared by: _____

*I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security
number in this document unless required by law.* _____