

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF HOWARD

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

Form Prepared By: _____

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 are true.

Signature of Member	Printed Name	Capacity
x _____	_____	_____

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

_____	_____	_____
Signature of Notary / Recorder	Printed Name	County of Residence

Notaries Only – My Commission Expires: _____ SEAL

Filed on _____ 20 _____. Brook Cleaver, Howard County Recorder

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. Print Name _____