

CERTIFICATE OF ASSUMED BUSINESS NAME

IC: 23-0.5-3-4

For persons engaged in business under a name other than their own.
(Sole Proprietorships, Associations, DBA or General Partnership)

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

Printed Name and Residence of all business owners	
Name:	Address:
	City, State:
Name:	Address:
	City, State

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### SECTION TO BE COMPLETED 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:*

\_\_\_\_\_  
Principal Member's Signature

\_\_\_\_\_  
Principal Member's Printed Name

\_\_\_\_\_  
Capacity

Subscribed and sworn to before me, this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name & County Residence

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
My Commission Expires

Form Prepared by: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Preparer

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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature