

**CERTIFICATE OF ASSUMED BUSINESS NAME
(DBA)**

For individuals, sole proprietorships, or general partnerships conducting
business under a name other than their real name

NAME OF BUSINESS _____

KIND OF BUSINESS _____

ADDRESS OF BUSINESS _____

NAMES & COMPLETE ADDRESSES OF MEMBERS OF THE BUSINESS

_____ RESIDES AT _____

_____ RESIDES AT _____

_____ RESIDES AT _____

SIGNATURE OF MEMBER OF FIRM _____

Print Member's Name

STATE OF INDIANA

SS:

COUNTY OF TIPPECANOE

_____, personally appeared before me, a Notary Public,

has personal knowledge of the above facts stated are true and accurate. Subscribed

and sworn to before me, a Notary Public this ____ day of _____, 20____.

My Commission Expires _____

County of Residence _____

Notary Public - Signature

Notary Public - Printed Name

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.

This instrument was prepared by _____