

# CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF MARION

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_  
*(printed name of member)* *(physical street address, city, state zip)*

\_\_\_\_\_ at \_\_\_\_\_  
*(printed name of member)* *(physical street address, city, state zip)*

\_\_\_\_\_ at \_\_\_\_\_  
*(printed name of member)* *(physical street address, city, state zip)*

**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 are true.*

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*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. (IC 36-2-11-15) FORM PREPARED BY:*

\_\_\_\_\_  
*(Printed; or stamped name of individual)*

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_, personally appeared

\_\_\_\_\_, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

\_\_\_\_\_  
Notary Public Signature

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

My commission expires: \_\_\_\_\_