

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF MARION

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

_____ at _____
(name of member) (physical street address, city, state zip)

_____ at _____
(name of member) (physical street address, city, state zip)

_____ at _____
(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

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:

_____ (name of individual)

STATE OF INDIANA, COUNTY OF MARION

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: _____