

Certificate of Assumed Business Name

For persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF PORTER

Name of Business: _____

Type of Business: _____

Address of Business: _____

Printed Names and Residences of Members of Business:

_____ Resides at _____

_____ Resides at _____

_____ Resides at _____

Member Signature _____ Name Printed _____

Capacity _____

This section to be completed by / in presence of Notary Public

I hereby acknowledge _____, personally appeared before me a

Notary Public, this _____ day of _____, 20_____.

My Commission Expires _____ County of Residence _____

Notary Public – Signature

Notary Public - Printed Name

Form Prepared By: _____

“I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.” Name Printed _____