

CERTIFICATE OF ASSUMED BUSINESS NAME

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

(Please print)

Name of business _____

Nature of business _____

Address of business _____

NAME & RESIDENCES OF BUSINESS MEMBERS:

1. _____

2. _____

3. _____

4. _____

(Section to be completed in presence of County Recorder)

I hereby certify that I have personal knowledge of the facts stated above and that each of them is true.

Prepared by:

Signature _____

Printed name _____

Capacity _____

Date _____

“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)

HENDRICKS COUNTY RECORDER – Paul T. Hardin _____