

# 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 \_\_\_\_\_