

CERTIFICATE OF ASSUMED BUSINESS NAME

Name of Firm: _____

Type of Business: _____

Business Address: _____

Name and addresses of officers or partners:

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

STATE OF INDIANA, COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named _____ who acknowledged the execution of the foregoing instrument to be his/her voluntary act and deed.

Witness my hand and notarial seal this _____ day of _____, 20____.

My commission expires: _____

Resident of _____ County

Notary Public

(Printed name)

This instrument prepared by: _____

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

_____.