

**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*

\_\_\_\_\_ .