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 HANCOCK

NAME OF BUSINESS: ____

NATURE OF BUSINESS: ____

ADDRESS OF BUSINESS: ____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

___________________________ at____

___________________________ at____

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SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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

___________________________	___________________________	______________________
Member's Signature	Printed Name	Capacity

Subscribed and sworn to before me, this _______ *day of* __________________________, _________

_______________________________________	___________________________________
Signature of Notary/Recorder	Printed Name
_______________________________________	___________________________________
County of Residence	Date My Commission Expires

Filed on ___________________________, _________.

____
Sharon Shambaugh, Hancock County Recorder

FORM 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.____
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