CERTIFICATE OF ASSUMED BUSINESS NAME

State of Indiana, County of _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless it is required by law.

This form was prepared by: _____.

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC:

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

_____	_____	_____
Member's Signature	**Printed Name**	**Capacity**

Subscribed and sworn to before me, this _____day of _____, 20___.

_____	_____	_____
Signature of Notary	**Printed Name**	**County of Residence**

My commission expires _____.