

# CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF MARION

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_  
(printed/typed name of member) (physical street address, city, state zip)

\_\_\_\_\_ at \_\_\_\_\_  
(printed/typed name of member) (physical street address, city, state zip)

\_\_\_\_\_ at \_\_\_\_\_  
(printed/typed name of member) (physical street address, city, state zip)

*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. (IC 36-2-11-15) DOCUMENT PREPARED BY:*

\_\_\_\_\_  
(Printed/typed name of individual)

## **SECTION TO BE COMPLETED 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/Typed Name

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_\_ (date)

personally appeared \_\_\_\_\_,  
said person(s) being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_