

**CERTIFICATE OF ASSUMED BUSINESS NAME
RUSH COUNTY INDIANA**

FOR PERSONS (SOLE PROPRIETORSHIPS, ASSOCIATIONS, OR GENERAL PARTNERSHIPS) ENGAGED IN BUSINESS UNDER
A NAME OTHER THAN THEIR OWN (DBA)

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ AT _____

_____ AT _____

_____ AT _____

_____ AT _____

_____	_____	_____
Members Signature	Printed Name	Capacity

This section is to be completed by/in presence of notary public

STATE OF INDIANA _____ COUNTY

_____, personally appeared before me, a Notary Public, who acknowledged the execution of the foregoing instrument, and who has personal knowledge of the above facts stated are true and accurate. Subscribed and sworn to before me, a Notary Public this _____ day of _____, 20_____.

My Commission Expires: _____ County of Residence: _____

Commission No. _____

Notary Public – Signature

Notary Public – Printed name

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.”

(NAME)