

# CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF VERMILLION

Name of Business: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Printed names and residences of members of firm or partnership:

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

## 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 the facts are true and accurate.

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.

\_\_\_\_\_  
Written Signature

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

\_\_\_\_\_  
Capacity of Signer

\_\_\_\_\_  
Date Prepared

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary/Recorder

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

\_\_\_\_\_  
County of Residence

(Notaries only) my commission expires \_\_\_\_\_