

**CERTIFICATE OF ASSUMED BUSINESS NAME  
( DBA )**

For individuals, (sole proprietorships), Firms, Partnerships or Limited Liability Companies engaged in business  
under a name other than their own

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

NATURE OF BUSINESS \_\_\_\_\_

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

NAMES & COMPLETE ADDRESSES OF MEMBERS OF THE BUSINESS

\_\_\_\_\_ RESIDES AT \_\_\_\_\_

\_\_\_\_\_ RESIDES AT \_\_\_\_\_

\_\_\_\_\_ RESIDES AT \_\_\_\_\_

SIGNATURE OF MEMBER OF FIRM \_\_\_\_\_

\_\_\_\_\_

Print Member's Name

STATE OF INDIANA      ss:

COUNTY OF VIGO

\_\_\_\_\_, personally appeared before me, a Notary Public,  
has personal knowledge of the above facts stated are true and accurate. Subscribed  
and sworn to before me, a Notary Public \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_

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

\_\_\_\_\_

Notary Public-Signature

\_\_\_\_\_

Notary Public-Printed Name

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.