

CERTIFICATION OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships) engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF ELKHART

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ At _____

_____ At _____

_____ At _____

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

SIGNATURE OF BUSINESS MEMBER _____

Print Member's Name

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

STATE OF INDIANA

SS:

ELKHART COUNTY

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

My Commission Expires _____

County of Residence _____

Notary Public – Signature

Notary Public – Printed Name

This instrument 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. _____