ALL INFORMATION MUST BE COMPLETED BEFORE RECORDING

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

STATE OF INDIANA, COUNTY OF Jasper

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____
Street, City, State and Zip Code

PRINTED NAME(S) AND COMPLETE ADDRESS OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

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

_____ _____ _____
Signature Printed Name Capacity of Signer

This completed form must be filed in the office of the County Recorder of each county in which a place of business or office is located.

_____ _____
Date of Document Recorder's Signature and Seal

Form prepared by:_____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the document, unless required by law. _____
Name