

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF DeKalb County

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

"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." This form has been prepared by:

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

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

Member's Signature

Printed Name

Capacity

Subscribed and sworn to before me, this _____ day of _____, 20__ .

Signature of Notary

Printed Name

County of Residence

My Commission Expires: _____