CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF DeKalb

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 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 _____