

AMENDED CERTIFICATE 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 LAPORTE

RECORDED NUMBER OF ORIGINAL CERTIFICATE: _____

REQUESTED CHANGES ONLY:

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

NAME: _____

NAME: _____

NAME: _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF 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**

(Notaries only) my commission expires: _____

FORM 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.

Printed Name _____ **Signature**

Send to: LaPorte County Recorder, 555 Michigan Ave, Suite 201, La Porte, IN 46350-3488

Include \$25.00 and a self-addressed, stamped envelope