

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

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 is 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, LaPorte, IN 46350-3488

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