

CERTIFICATION 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 ELKHART

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ At _____

_____ At _____

_____ At _____

Signature of Member

Print Member's Name

STATE OF INDIANA

SS:

ELKHART COUNTY

I hereby acknowledge _____, personally appeared before
me a Notary Public, this _____ day of _____, 20_____.

My Commission Expires _____

County of Residence _____

Notary Public – Signature

Notary Public – Printed Name

This instrument 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. _____