

ALL INFORMATION MUST BE COMPLETED BEFORE RECORDING

TYPE OR PRINT IN BLACK INK

CERTIFICATE OF ASSUMED BUSINESS NAME

For Individuals, Sole Proprietorships, Firms or Partnerships engaged
in business under a name other than their own

STATE OF INDIANA, COUNTY OF JACKSON

Name of Business: _____

Type of Business: _____

Address of Business: _____
Number, Street, City, State & Zip Code

Printed names & complete residence address of members of Business:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

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

_____	_____	_____
Signature	Printed Name	Capacity of Signer

Form prepared by: _____

I affirm under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law(Print Name)_____

This completed form must be filed in the office of the County Recorder of each county in which a place of business or office is located.

Recorder's Signature

Date of Document