

# Certificate of Assumed Business Name

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(Name of Business)

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(Type of Business)

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(Place of Business)

Printed Name(s) of Owner(s):

Address(es) of Owner(s):

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Signatures & Printed Names of Owner(s):

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State of Indiana

County of Henry

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that they executed the foregoing instrument and acknowledge that they executed the same as their free act and deed.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Printed Name

My Commission Expires: \_\_\_\_\_

I affirm under penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law: \_\_\_\_\_

This Document Was Prepared By: \_\_\_\_\_

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