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 ST JOSEPH

Name of Business: _____

Kind 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

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.

Form prepared by:_____

_____ _____
Date of Document Recorder's signature & Seal

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. (Print Name) _____
Form updated March 7, 2019