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 th 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)_____