

**CERTIFICATE OF ASSUMED BUSINESS NAME
DELAWARE COUNTY, INDIANA**

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

DATE ESTABLISHED: _____

Form 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.

Name: _____

SECTION TO BE COMPLETED IN PRESENCE OF NOTARY PUBLIC

Signature of Owner

Printed Name of Owner

Address of Owner

Subscribed and sworn to before me, this ____ day of _____, 20__.

Signature of Notary

Printed Name of Notary

County of Residence

Commission Expiration Date