

CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

Name of Business _____

Kind of Business _____

Address of Business _____

NAMES & RESIDENCES OF MEMBERS OF BUSINESS:

_____ Resides at _____

_____ Resides at _____

_____ Resides at _____

Signature of Member

Print Member's Name

STATE OF _____

SS:

COUNTY OF _____

I hereby acknowledge _____, personally appeared before me a

Notary Public, this ____ day of _____, 20____.

My Commission Expires _____

County of Residence _____

Notary Public - Signature

Notary Public - Printed Name

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

This instrument was prepared by: _____