

CERTIFICATE OF ASSUMED BUSINESS NAME

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

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

PRINT NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

\_\_\_\_\_ AT \_\_\_\_\_

\_\_\_\_\_ AT \_\_\_\_\_

\_\_\_\_\_ AT \_\_\_\_\_

SECTION TO BE COMPLETED BY/IN PRESENCE OF A NOTARY

I hereby certify that I have personal knowledge of the facts stated above and that each of them is to be true.

\_\_\_\_\_  
Member's Signature                      Printed Name                      Capacity of Signer

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary                      Printed Name                      County of Residence

Expiration date: \_\_\_\_\_

*I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document unless required by law.*

\_\_\_\_\_

Prepared By: \_\_\_\_\_