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:_____