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 INDIANA, COUNTY OF HANCOCK

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at_____

_____ at_____

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