## **ASSUMED BUSINESS NAME FORM**

OFFICE OF THE JOHNSON COUNTY RECORDER 86 W. Court St., Franklin, IN 46131 (317) 346-4385

## Certificate of Business or Partnership Engaged in Business Under Name Other Than Their Own

Name of Business or Partnership:		
Type of Business:		
Address of Business:		
Name(s) of Members of	Business or Partnership and where t	hey reside:
res	ides at	
res	ides at	
res	ides at	
Signature of Member of Business X	Title	
Printed Name X		
SECTION TO BE CO	MPLETED BY/IN PRESENCE OF N	OTARY
STATE OF		
COUNTY OF		
Subscribed and sworn to before me, this d	ay of, 20 B	efore me, a Notary
Public, in and for said County, personally appea	red	
Signature of Notary Public	Printed Name	County of Residence
My Commission Expires:		
Notary Commission Number:		
		(SEAL)
I affirm, under the penalties for perjury, that I h	ave taken reasonable care to red	act each Social Security number in
this document unless required by law	Printed Na	
This document was prepared by:		
	Printed Name	