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

Name of Firm or Partnership _____

Kind of Business _____

Address of Business _____

Names of Members of Firm or Partnership and where they reside, to wit:

_____ resides at _____

_____ resides at _____

_____ resides at _____

_____ resides at _____

Signature of Member of Firm X _____

_____
Print Name

State of Indiana, County, ss:

_____ deposes and says that _____ has personal knowledge of the facts above stated, that they and each of them are true.

Subscribed and sworn to before me, this _____ day of _____, 20

_____
Notary Public – Signature

_____
Notary Public – Printed Name

My Commission Expires: _____

County of Residence: _____

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: _____
Print Name