

## Certificate of Assumed Business Name

Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Printed Names and Residences of Members of Business:

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

I hereby certify that I have personal knowledge that the facts stated above are true.

\_\_\_\_\_

Member's Signature

Member Printed

Capacity

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public for and in said County, personally appeared \_\_\_\_\_, as Member, who acknowledged the execution of the foregoing instrument.

Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

County Of Residence \_\_\_\_\_

\_\_\_\_\_  
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. \_\_\_\_\_

Name Printed

Prepared by: \_\_\_\_\_