

DISCONTINUANCE
CERTIFICATE OF ASSUMED BUSINESS NAME
for persons (sole proprietorship, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF _____

CROSS REFERENCE _____

NAME OF BUSINESS _____

NATURE OF BUSINESS _____

ADDRESS OF BUSINESS _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: _____

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 _____

**SECTION TO BE COMPLETED BY/ IN PRESENCE OF NOTARY PUBLIC OR
COUNTY RECORDER**

I hereby certify that I have personal knowledge of the facts stated above and that each of them is true.

_____ Member's Signature	_____ Printed Name	_____ Capacity
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Subscribed and sworn to before me, this _____ day of _____, 20_____

_____ Signature of Notary/Recorder	_____ Printed Name	_____ County of Residence
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(Notaries only) my commission expires _____