



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)**

State Form 30353 (R11 / 1-03)
State Board of Accounts Approved 2002

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
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INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership **\$30.00**
Not-For-Profit Corporation **\$26.00**

1. Name of entity		2. Date of incorporation / admission / organization	
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address)			
City, state and ZIP code			
4. Assumed business name(s)			
5. Principal office address of the entity (street address)			
City, state and ZIP code			
6. Signature of officer or other authorized party		7. Printed name and title	

This instrument was prepared by: