CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)

State Form 30353 (R13 / 2-11)
Approved by State Board of Accounts, 2002

SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204
Telephone: (317) 232-6576

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**

County of Grant

1. Name of entity	2. Date of incorporation / admission / organization *(month, day, year)*
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. Owner(s) 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:

"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 may be typed, printed or written)

SECTION BELOW TO BE COMPLETED BY/ IN PRESENCE OF NOTARY PUBLIC

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

_____ _____ _____
Signature name printed date

_____ _____ _____
Signature name printed date

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

_____ _____ _____
Notary signature printed name My commission expires