



CERTIFICATE OF ASSUMED BUSINESS NAME (All Entities)

State Form 30353 (R15 / 7-13)

Approved by State Board of Accounts, 2013

Indiana Code 23-15-1-1

CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
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INSTRUCTIONS:

1. Use an 8 1/2" x 11" sheet of white paper for attachments.
2. Present original and one (1) copy to address in upper right corner of this form.
3. Please TYPE or PRINT.
4. 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 (month, day, year)	
3. Address at which the entity will do business under the assumed name (number and street)			
City, state, and ZIP code			
4. Assumed business name(s)			
5. Principal office address of the entity (number and street)			
City, state, and ZIP code			
6. Signature of officer or other authorized party		7. Printed name and title	

This instrument was prepared by: