

Office of the Marion County Recorder

200 E. Washington Street, Suite 721
Indianapolis, IN 46204
Phone (317) 327-4020

**Certificate of Firm or Partnership Engaged in Business
Under Name Other Than Their Own**

Name of Firm or Partnership _____

Kind of Business _____

Place of Business _____

Names of Members of Firm or Partnership, and where they reside, to wit:

_____ *resides at* _____

_____ *resides at* _____

_____ *resides at* _____

_____ *resides at* _____

_____ *resides at* _____

_____ *resides at* _____

_____ *resides at* _____

Signature of Member of Firm **X** _____

Printed Name **X** _____

Title _____

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. _____

Print Name

Prepared by: _____

Printed Name: _____