

CERTIFICATE OF PERSONS CONDUCTING BUSINESS
UNDER ASSUMED NAME (DBA)

For Office Use Only
Certificate Number: _____
Certificate Filed: _____
Certificate Expires: _____
Certificate Dissolved: _____

Arenac County Clerk's Office~120 North Grove Street, Standish, Michigan 48658

1. Name of Business: _____

2. Address of Business: _____

3. Mailing Address (if different): _____

4. Name and address of person(s) owning, conducting, or composing the above business.

NAME OF PERSON (Please Print)

RESIDENCE ADDRESS (Street, City, State, and Zip Code)

5. *GENERAL PARTNERSHIP CERTIFICATE.* The undersigned hereby certify under the provisions of P.A. NO 164 of Michigan for the year 1913, as amended, that:

(a) The business mentioned herein (is or is not) a Partnership. _____

(If the business is a Partnership, fill in the blank line in "b".)

(b) Length of time General Partnership is to continue. _____

(Insert either the term agreed on by the partners or the statement "Not Limited".)

6. Signatures of all persons listed above

STATE OF MICHIGAN
COUNTY OF ARENAC

Subscribed and sworn to before me this _____ day of _____ A.D. _____ by all persons listed above.

(Signature) _____

(Print) _____ Notary Public, _____ County, Michigan

Acting in Arenac County. My Commission expires: _____

STATE OF MIICHIGAN
COUNTY OF ARENAC

I, Nancy A. Selle, Clerk of the County of Arenac and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy Business Registration Certificate with the original record in my office, and that the same is a correct transcript there from and of the whole of such original.

IN TESTIMONY WHEREOF,

I have hereunto set my hand and affixed the seal of said Circuit Court at the City of Standish this _____ day of _____ A.D. _____

By: _____

Arenac County Clerk/Deputy Clerk

