CERTIFICATE OF ASSUMED NAME (DBA)

CLARE COUNTY CLERK'S OFFICE
225 W. MAIN ST. ~ P.O. BOX 438
HARRISON, MI 48625
(989) 539-7131

FOR OFFICE USE ONLY

CERTIFICATE #: _____

FILE DATE: _____

EXPIRATION: _____

DISSOLVED: _____

FILING FEE: $10.00 (If by mail, only money orders are accepted) Expires 5 years from date of filing

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Michigan, for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct or transact, a business, or maintain an office or place of business, in the County of Clare, State of Michigan, under the name, designation, or style set forth below:

1. Name of Business_____

2. Physical Address of Business_____

3. Mailing Address (if different)_____

4. Phone #_____**E-mail Address**_____

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

NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State and Zip Code)
(Print)_____	_____
(Print)_____	_____
(Print)_____	_____
(Print)_____	_____

☐ **INDIVIDUAL(S)** ☐ **CO-PARTNERSHIP**

6. PARTNERSHIP CERTIFICATE. The undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Michigan for the year 1913, as amended, that:
(a) The Business mentioned herein (Insert "Is" or "Is Not") a Partnership.
(If the business IS a partnership, fill in the blank line under "b" below.)
(b) Length of time General Partnership is to continue. (Insert either the term agreed on by the partners or the statement "not limited".)_____
7. Signatures of all persons listed above–Acknowledged before a Notary Public.

(Signature) _____**(Signature)**_____

(Signature) _____**(Signature)**_____

State of Michigan)
County of Clare)
Subscribed and sworn to before me this _____day of _____ A.D., 20___ by all persons listed above.
_____**Notary Public, Clare County, Michigan Comm. Exp:** _____

State of Michigan)
) SS
County of Clare)

I, Lori Martin, Clerk of the County of Clare and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, 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 Harrison, this _____ day of _____ A.D., 20_____.

Lori Martin, Clare County Clerk **By:**_____
County Clerk/Deputy County Clerk