

**BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER
ASSUMED NAME OR PARTNERSHIP
County of Clare, Office of County Clerk**

DBA File No. _____
Certificate Exp. _____
Certificate Filed _____
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 Number (____) _____ E-mail Address _____

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

	NAME OF PERSON	RESIDENCE ADDRESS
(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) _____

(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
My commission expires: _____

State of Michigan) I, Lori Martin, Clerk of the County of Clare and of the Circuit Court thereof,
) SS do hereby certify that I have compared the foregoing copy of business Registration
County of Clare) 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