

Filing/Renewal Fee \$10.00

No. _____

Amended _____

Dissolved _____

Certificate of Persons Conducting Business Under Assumed Name/Co-Partnerships

State of Michigan

County of Isabella

_____, the undersigned, do hereby certify in pursuance of Act 151, P.A. 1949, as amended, now own (or) _____
(We or I)

intend to own, conduct and transact business in the County of Isabella, State of Michigan, under the Assumed Name of _____

With description of business _____

Business address _____ Zip _____

And _____ do further certify that the true and real full names of the persons who now own (or) intend to own, conduct and transact the same, together with the residence address(es) of each of the said persons are as follows:

NAME	RESIDENCE ADDRESS	CITY/TOWNSHIP/VILLAGE	ZIP

In Witness Whereof, we/I have this _____ day of _____, A.D. 20____ made and signed this certificate.

SIGNATURES OF ALL PERSONS LISTED ABOVE:

Phone Number: _____

Email: _____

STATE OF MICHIGAN
COUNTY OF ISABELLA

Acknowledged by _____ (affiant name) before me on
The _____ day of _____, _____.

Notary Public, State of Michigan _____ County,
My Commission expires _____

State of Michigan
County of Isabella

I, Minde B. Lux, County Clerk, do hereby certify that I have compared the foregoing certificate with the original and that it is a true and correct copy of the whole of such whole original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court of said County of Isabella, this _____ day of _____, A.D. _____.

Minde B. Lux, County Clerk

By: _____
Deputy Clerk

Note: This certificate must be renewed within five (5) years from date. If you change your place of business you must file a change of address with this office. If you change the personnel above listed you must file a Notice of Discontinuance and a new Certificate of Persons Conducting Business Under Assumed Name with this office. If you discontinue your business you must file a Notice of Discontinuance with this office.