

**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)**

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. Address of Business \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

**INDIVIDUAL**

3. 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) \_\_\_\_\_

**GENERAL**

4. **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".) \_\_\_\_\_

5. 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

My commission expires: \_\_\_\_\_

State of Michigan )

) SS

County of Clare )

I, Pamela Mayfield, 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\_\_\_\_\_.

Pamela Mayfield, Clare County Clerk

By: \_\_\_\_\_  
County Clerk/Deputy County Clerk