Otsego County Michigan
Susan I. DeFeyter
County Clerk/Register of Deeds
225 West Main Street, Room 110 • Gaylord, Michigan 49735
Phone (989)731-7500 • Fax (989)731-7519
www.otsegocountymi.gov

Certificate No. _____

Certificate Expires _____

BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR CO-PARTNERSHIP

THE UNDERSIGNED hereby certifies, under the provision 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 Otsego, State of Michigan, under the name, designation or style set forth below:

1. NAME OF BUSINESS _____

2. ADDRESS OF BUSINESS _____
Street P.O. Box

_____
City State Zip Code

BUSINESS LOCATION _____
Township / City

3. NAME OF PERSON OR PERSON, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON RESIDENCE ADDRESS (Street, City, State)

(Print) _____

(Print) _____

(Print) _____

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") _____ Co-Partnership. (If the Business IS a Co-Partnership, fill in the blank line under (b) below.)

(b) Length of Time Co-Partnership is to Continue. (Insert either the Term agreed on by the Co-Partners, or the statement "not limited by co-partnership contract"): _____

_____

5. SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) _____

(Signature) _____

Acknowledged before a Notary Public.

(Signature) _____

(Signature) _____

STATE OF MICHIGAN
COUNTY OF OTSEGO } ss.

Subscribed and sworn to before me this _____ day of _____

A.D., _____, by all the person listed above.

_____
Notary public, Otsego County, Michigan

My commission expires: _____

THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK

(This portion to be filled in only by the County Clerk)

STATE OF MICHIGAN.
COUNTY OF_____ } ss.

I, _____

Clerk of the county aforesaid and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate setting forth the full names of the persons owning, conducting or transacting business under the name of _____

_____

_____

together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that it is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of filing.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, on

-SEAL-

_____ _____

_____
County Clerk

By _____
Deputy County Clerk

NOTE: This Certificate must be renewed within (5) years from date. If you change your place of business you must notify this office. If you change the personnel above listed you must file Notice of Dissolution and a new Certificate with this office. If you discontinue your business you must file Notice of Dissolution with this office.

1. "Person" may be one or more individuals, corporations, partnerships, limited partnerships, trusts, fiduciaries or other entity. In case of a person other than an individual, see MSA 19.826 (MCL 445.4) for details to be stated in certificate.