

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

D.B.A. File No. _____
Certificate Exp. _____
Certificate Filed _____
Dissolved _____

THE UNDERSIGNED hereby certifies, under the provisions of P.A., No. 101 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 Isabella, State of Michigan, under the name, designation or style set forth below:

FILING FEE \$10.00

1. **Name of Business** _____

2. Address of business _____

City
 Township

Mailing address if different: _____

INDIVIDUAL

3. Name of PERSON OR PERSONS, owning, conducting, transacting or composing the above business, and the home address of each.

Name of person **Residence address(Street, City, State, Zip)**

(Print) _____

(Print) _____

(Print) _____

(Print) _____

GENERAL

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of 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 ISABELLA

Subscribed and sworn to before me this _____ day of _____
A. D., 20__ by all the persons listed above.

(Signature) _____

(Print) _____

Notary Public, Isabella County, Michigan

My Commission expires: _____

(Form below for use of County Clerk)

STATE OF MICHIGAN
COUNTY OF ISABELLA

I, Joyce A. Swan, Clerk of the County of Isabella and 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 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 Mt. Pleasant, this _____ day of _____
A.D. 20__

Joyce A. Swan, Isabella County Clerk

By: _____
County Clerk/Deputy County Clerk