Filing/Renewal Fee $20.00

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:**



This Certificate Expires



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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.