

D.B.A. File No. \_\_\_\_\_

**BUSINESS REGISTRATION CERTIFICATE  
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP**

Certificate Filed \_\_\_\_\_

Certificate Expired \_\_\_\_\_

Dissolved \_\_\_\_\_

**County of Schoolcraft Office of County Clerk**

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Michigan, for the year of 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 Schoolcraft, 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 OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON

RESIDENCE ADDRESS (Street, City, State, Zip)

(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 AIS@ or AIS 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 Anot limited@. \_\_\_\_\_)

5. SIGNATURES OF ALL (Signature) \_\_\_\_\_

PERSONS LISTED ABOVE

Acknowledged before a (Signature) \_\_\_\_\_

Notary Public.

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

STATE OF MICHIGAN Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_  
by all the persons listed above

(Signature) \_\_\_\_\_

(Print) \_\_\_\_\_

Notary Public,

(Form below for use of County Clerk) My Commission expires: \_\_\_\_\_

STATE OF MICHIGAN

I, Beth A. Edwards, Clerk of the County of Schoolcraft and of the Circuit Court, County of Schoolcraft, 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 Manistique, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Beth A. Edwards, County Clerk