$10.00
COUNTY OF CASS
OFFICE OF COUNTY CLERK
P.O. BOX 355
CASSOPOLIS, MICHIGAN 49031
(269) 445-4464

File No._____

Certificate Expires_____

☐ **New** ☐ **Renewal** ☐ **Amended** ☐ **Dissolved**

BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended, that the following person (or persons) now own, conducts or transacts, or intends to own, conduct or transact a business, or maintain an office or place of business in the County of Cass, State of Michigan, under the name, designated or style set forth below:

1. **NAME OF BUSINESS:** _____
2. **ADDRESS OF BUSINESS:** _____
3. **NAME OF PERSON(S)** owning, conducting, transacting or composing the above business, and the mailing address of each.

NAME **RESIDENCE ADDRESS (Street, City, State, Zip)**

(Print) _____

(Print) _____

(Print) _____

(Print) _____

4. **PARTNERSHIP CERTIFICATE**. The Undersigned hereby certifies under the provisions of P.A. 164 of Michigan for the year 1913, as amended, that:
   a. The business mentioned herein **IS or IS NOT** a partnership (circle one)
   b. Length of time partnership is to continue (insert *either* the term agreed on by the partners or the statement "not limited by partnership contract") _____

5. **SIGNATURES OF ALL PERSONS LISTED ABOVE**
(Acknowledged before a Notary Public)

(Signature) _____

(Signature) _____

(Signature)_____

(Signature)_____

STATE OF MICHIGAN)
COUNTY OF CASS)

Subscribed and sworn to before me on _____, 200_____ by all persons listed above.

_____
Type, print or stamp notary's name

_____
Notary Public, _____,County, State of Michigan

My commission expires:_____

STATE OF MICHIGAN)
COUNTY OF CASS)

I, MONICA KENNEDY, Clerk of the County of Cass and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original on record in my office, and that the above is a true and complete copy of the original. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and official seal at the Village of Cassopolis, this _____ day of _____, 20_____.

MONICA KENNEDY, CASS COUNTY CLERK

By:_____, Deputy Clerk