$10.00
COUNTY OF CASS
OFFICE OF COUNTY CLERK
120 N BROADWAY
SUITE 123
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 _____, 20_____ by all persons listed above.

_____
Type, print or stamp notary's name

_____
Notary Public, _____,County, State of Michigan

My commission expires:_____