\$10.00 COUNTY OF CASS OFFICE OF COUNTY CLERK 120 N. Broadway Suite 123 CASSOPOLIS, MICHIGAN 49031 (269) 445-4464

File No		
Certificate Expires	 	
Amended	Dissolved	
ION CERTIFICATE		

□ New □	Renewal		Amended		Dissolved
PERSON CONDU			I CERTIFICATE SSUMED NAME	="	TNERSHIP
THE UNDERSIGNED hereby certification following person (or persons) now office or place of business in the Co	own, conducts or trans	sacts, or intends t	o own, conduct or tra	ansact a bus	siness, or maintain an
1. NAME OF BUSINESS:					
2. ADDRESS OF BUSINESS:					
3. NAME OF PERSON(S) owning,	conducting, transaction	ng or composing	the above business,	and the mai	ling address of each.
NAME		RESIDENCE	ADDRESS (Street	, City, State	, Zip)
(Print)					
<ul> <li>a. The business mentioned here</li> <li>b. Length of time partnership is by partnership contract")</li> <li>5. SIGNATURES OF ALL</li> </ul>	s to continue (insert <i>ei</i>	ther the term agre	eed on by the partne		tement "not limited
PERSONS LISTED ABOVE (Acknowledged before a Notary Public)	(Signature)				
	(Signature)				
	(Signature)				
	scribed and sworn to b Il persons listed above				, 200
Type, print or stamp notary's name		Notary Public	·,	,(	County, State of Michigan
		My commissi	on expires:		
STATE OF MICHIGAN ) COUNTY OF CASS )					
I, MONICA KENNEDY, Compared the foregoing copy of Bu true and complete copy of the origin Cassopolis, this day	siness Registration Conal. IN TESTIMONY N	ertificate with the <b>WHEREOF</b> , I hav	original on record in e hereunto set my h	my office, a	nd that the above is a
		MONICA KE	NNEDY, CASS CO	UNTY CLER	к

Rv·	Deputy Cler