

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

D.B.A. File # _____
Co-Partnership# _____
Cert. Expires _____
Filed _____
Dissolved _____

County of Alpena, Office of County Clerk

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 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 Alpena, State of Michigan, under the name, designation or style set forth below:

Name of Business _____
Address of Business _____
City/Township _____ County _____
Type of Business _____

Name of Person or Persons, owning, conducting, transacting or composing the above business, and the home address of each.

Name of Person

Residence address (Street, City, State, Zip Code)

(Print) _____

(Print) _____

(Print) _____

If changing your address or business location, please contact the Clerk's Office to obtain a change of address form to ensure receiving your Expiration Notice.

General

PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Mich. for the year 1913, as amended, that:

(A) The Business mentioned herein (Insert "is" or "is not")

A PARTNERSHIP.

(B) Length of Time General Partnership is to continue (Insert either the Term agreed on by the Partners, or the statement "Not Limited"). _____

SIGNATURES OF ALL (SIGNATURE) _____
PERSONS LISTED

ABOVE (SIGNATURE) _____

Acknowledged before a (SIGNATURE) _____
Notary Public.

(SIGNATURE) _____

STATE OF MICHIGAN SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____ A.D. 20____
COUNTY OF ALPENA BY ALL PERSONS LISTED ABOVE.

(SIGNATURE) _____

(PRINT) _____

NOTARY PUBLIC, ALPENA COUNTY, MICHIGAN

My Commission Expires _____
