

**STOP\*\*DO NOT COMPLETE THIS FORM FOR A LIMITED LIABILITY COMPANY (LLC) OR CORPORATION (INC).** THOSE TYPES OF BUSINESSES MUST BE FILED WITH THE STATE OF MICHIGAN. IT IS THE RESPONSIBILITY OF THE UNDERSIGNED TO DETERMINE IF THE NAME OF THE BUSINESS BELOW IS FILED IN ANY OTHER FORM IN ANOTHER JURISDICTION.

FILE # \_\_\_\_\_

**BUSINESS REGISTRATION CERTIFICATE  
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP  
County of Osceola, Office of County Clerk**

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of MI, for the year 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 Osceola, State of Michigan, under the name, designation or style set forth below:

**FILING FEE -- \$10.00**

1. Name of Business \_\_\_\_\_

2. Address of Business \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

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)

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

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

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

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

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

(a) The Business mentioned herein (Insert "IS" or "IS 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 "not limited".) \_\_\_\_\_

5. SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) \_\_\_\_\_

**Acknowledged before a Notary Public**

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

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

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

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

Notary Public, \_\_\_\_\_ County, Michigan (Acting in \_\_\_\_\_ County)

My Commission expires: \_\_\_\_\_

SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) \_\_\_\_\_

**Acknowledged before a Notary Public**

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

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

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

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

Notary Public, \_\_\_\_\_ County, Michigan (Acting in \_\_\_\_\_ County)

My Commission expires: \_\_\_\_\_

STATE OF MICHIGAN COUNTY OF OSCEOLA I, Tracey Cochran, Clerk of the County of Osceola and the Circuit Court 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, at the City of Reed City, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_.

Tracey Cochran, Osceola County Clerk

By: \_\_\_\_\_ OSCEOLA COUNTY CLERK/DEPUTY COUNTY CLERK