CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

FILING FEE $10.00

PATTIE S. BENDER, ST. JOSEPH COUNTY CLERK
PO BOX 189
CENTREVILLE, MICHIGAN 49032

THE UNDERSIGNED hereby certifies, under the provisions of Public Act 151 of Michigan for the year 1949, 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 St. Joseph, State of Michigan, under the name, designation or style set forth below:

NAME OF BUSINESS : _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS IF DIFFERENT: _____

LOCATED IN _____ **OF** _____
(City, Village or Township)

NATURE OF BUSINESS : _____

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NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business and the home address of each.
PRINT OR TYPE NAMES AND ADDRESS

NAME OF PERSON	**RESIDENCE ADDRESS**	**CITY, STATE AND ZIP**

SIGNATURES OF ALL PERSONS LISTED ABOVE: at least one must be acknowledged before a Notary Public

_____ _____

_____ _____

STATE OF MICHIGAN)
) SS
COUNTY OF_____)

On _____, _____, before me, a Notary Public personally appeared the above named person or persons, whose signature appear above and who executed the foregoing instrument.

_____NOTARY PUBLIC

TYPE NAME: _____

NOTARY PUBLIC,_____COUNTY, MICHIGAN

MY COMMISSION EXPIRES:_____

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THIS PORTION TO BE FILLED IN BY THE COUNTY CLERK

THIS CERTIFICATE EXPIRES : _____

STATE OF MICHIGAN)
) SS
COUNTY OF ST. JOSEPH)

I, Pattie S. Bender, Clerk of the County of St. Joseph and the Circuit Court, thereof, do hereby Certify that I have compared the foregoing copy of the Certificate of Persons Conducting Business Under Assumed Name with the original on 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 Court, this_____ day of _____A.D._____.

PATTIE S. BENDER, ST. JOSEPH COUNTY CLERK

BY:_____
DEPUTY COUNTY CLERK

NOTE: If you change your place of business you must notify this office. If you change the owners listed above you must file Notice of Dissolution and a new Certificate with this office. If you discontinue your business you must file Notice of Dissolution with this office.
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RECEIPT #_____ FILE #_____