

CERTIFICATE OF CO-PARTNERSHIP

Filing Fee \$10.00

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

This Certifies That we, whose names are signed hereunder in full, are joined in co-partnership under the firm name of

_____ (Full name of firm)

located at _____ (Street address, city, state and zip code)

in the _____ of _____, State of Michigan.

(City, Village or Township)

PRINT OR TYPE NAME AND ADDRESSES OF CO-PARTNERS

NAME STREET ADDRESS CITY, STATE AND ZIP

IN WITNESS WHEREOF, We have this _____ day of _____, _____, made and signed this certificate.

SIGNATURES OF CO-PARTNERS

STATE OF MICHIGAN)
) SS
COUNTY OF _____)

I, _____ one of the co-partners of the said firm of _____

_____ do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner as above written is true and correct.

(Signed) _____
(One of the co-partners of above named firm)

Subscribed and Sworn to before me this _____ day of _____,

(Notary Public Signature)

(Typed name of Notary)

Notary Public, _____ County, Michigan

My commission expires _____

THIS PORTION TO BE FILLED IN BY THE COUNTY CLERK'S OFFICE

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 for said County, do hereby certify that I have compared the within copy of the Certificate setting forth the full names of the persons owning, conducting or transacting business under the name of _____ together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of filing.

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: This Certificate must be renewed five (5) years from date of filing. If you go out of business you must file a Notice of Dissolution with the County Clerk. If you change your place of business you must notify the County Clerk.

RECEIPT # _____ FILE # _____