Filing Fee: $10.00
Certificate expires in 5 years.

D.B.A. Filing No.:_____
Date Filed:_____

BUSINESS REGISTRATION CERTIFICATE

PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP
Office of County Clerk - County of Jackson, Michigan

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich. For the year 1907, as amended, that the following person(s) now own, 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 Jackson, State of Michigan, under the name designation or style set forth below.

1. NAME of BUSINESS: _____

2. ADDRESS of BUSINESS:_____

3. MAILING ADDRESS, if DIFFERENT: _____

4. TYPE of BUSINESS: _____

5. TELEPHONE NO.: ( ) _____ FAX NO.: ( )_____

Name of Person(s) owning, conducting, transacting, or composing the above business and addresses.
NAME of PERSON **RESIDENCE ADDRESS (Street, City, State & Zip)**

(Print) _____

(Print) _____

(Print) _____

(Print) _____

PARTNERSHIP CERTIFICATE. The undersigned hereby certify under the provisions of Michigan P.A. No. 164 for the year 1913, 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 Partnership is to continue. _____. (Insert either the term agreed on by the partners, or the statement: "Not limited by partnership contract."

PARTNERSHIP, LIMITED PARTNERSHIP, PROFESSIONAL SERVICE CORP., FIDUCIARY or entity other than individual: Name and address of each partner should be listed above. If needed, use back for additional information required by M.S.A. 19.826, or trust agreement and court, place and date of admission to Probate of will or names and addresses of parties to trust agreement, and name and address of each fiduciary.

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SIGNATURE OF ALL PERSONS LISTED ABOVE:

(Signature)_____ **(Signature)_____**

(Signature) _____ **(Signature)_____**

STATE OF MICHIGAN}
COUNTY of JACKSON} *Subscribed & sworn to before me this _____ day of _____, 20 _____ by all persons listed above.*

Notary Public
Jackson County, Michigan
My Commission Expires: _____

_____
(Signature of Notary Public)
_____
(Print name or use stamp)

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I, Amanda L. Kirkpatrick, Clerk of the County of Jackson and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original or 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 at the City of Jackson this _____
(Date)

AMANDA L. KIRKPATRICK, Jackson County Clerk By: _____
Deputy County Clerk