

BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP
COUNTY OF OSCEOLA, OFFICE OF COUNTY CLERK

FILE NO. _____
CERTIFICATE EXPIRATION: _____ FILING FEE \$10.00
CERTIFICATE FILED: _____
DISSOLVED: _____ Co-Partnership _____

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 (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.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS-if different _____

INDIVIDUAL 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
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

GENERAL PARTNERSHIP CERTIFICATE, The Undersigned hereby certify under the provision of P.A. No. 164, P.A. of Michigan, 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") _____

THE FOLLOWING MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC

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

STATE OF MICHIGAN Subscribed and sworn to before me the _____ day of _____
COUNTY OF OSCEOLA A.D., _____ by all the persons listed above.

(Signature) _____
(Print) _____
Notary Public, _____ County, Michigan
My Commission Expires _____

STATE OF MICHIGAN I, Karen J. Bluhm, Clerk of the County of Osceola and the Circuit Court thereof, do hereby certify that I
COUNTY OF OSCEOLA 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 Court, on _____

KAREN J. BLUHM County Clerk

BY: _____ Deputy Clerk