BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP

County of Lapeer, Office of County Clerk

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 Lapeer, State of Michigan, under the name, designation or style set forth below:

FILING FEE $10.00

1. Name of Business ____________________________

2. Address of Business ____________________________
   □ City
   □ Township
   Mailing Address if different ____________________________

□ INDIVIDUAL
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) ____________________________

□ GENERAL
4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Mich. for the year 1913, as amended, that:
   (a) The Business mentioned herein (Insert “IS” or “IS NOT”) __________ is 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 —
   Acknowledged before a Notary Public.
   (Signature) ____________________________
   (Signature) ____________________________
   (Signature) ____________________________
   (Signature) ____________________________

STATE OF MICHIGAN
COUNTY OF LAPEER

Subscribed and sworn to before me this day of ,

20_______ by all the persons listed above.

(Signature) ____________________________

(Print) ____________________________
Notary Public, Lapeer County Michigan. Acting in the County of Lapeer

My Commission Expires: ____________________________

(State below for use of County Clerk)

STATE OF MICHIGAN
COUNTY OF LAPEER

I, Theresa M. Spencer, Clerk of the County of Lapeer 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 Court, at the City of Lapeer, this day of , 20_____.

Theresa M. Spencer, Lapeer County Clerk

By: ____________________________

COUNTY CLERK/DEPUTY COUNTY CLERK

Last Revision 8/17/2015