DBA FILE NO._____
CERTIFICATE EXPIRES_____
CERTIFICATE FILED: _____
DISSOLVED_____

# BUSINESS REGISTRATION CERTIFICATE
# PERSON CONDUCTING BUSINESS UNDER-ASSUMED NAME OR PARTNERSHIP

COUNTY OF ARENAC, OFFICE OF COUNTY CLERK

THE UNDERSIGNED hereby certifies under the provisions of P.A. No. 101 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 Arenac, State of Michigan under the name, designation or style set forth below:

**NAME OF BUSINESS**: _____

**ADDRESS OF BUSINESS**: _____

**MAILING ADDRESS IF DIFFERENT FROM ABOVE**: _____
**CITY_____OR TOWNSHIP OF _____**

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 (Street, City, State)**

(PRINT)_____

(PRINT)_____

*GENERAL PARTNERSHIP CERTIFICATE*. Undersigned hereby certify under the provisions of P.A. No 164 of Mich., for the year 1913 as amended that:

A. Business mentioned herein (IS) or (IS NOT) a Partnership
(If the Business is a Partnership, fill in the blank 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.":_____

**SIGNATURES OF ALL PERSONS LISTED ABOVE**:

(Signature) _____

(Signature)_____

STATE OF MICHIGAN
COUNTY OF ARENAC

Subscribed and sworn to before me this _____day of _____
A.D. 2021 by all persons listed above.
(Signature)_____
(Print)_____Notary Public, Arenac County, Michigan
My Commission expires: _____

STATE OF MICHIGAN
COUNTY OF ARENAC

I, Nancy A. Selle, Clerk of the County of Arenac 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 there from 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 Standish this _____day of _____ A.D. 2021

By: _____
Arenac County Clerk or Deputy Clerk

FILING FEE: $10.00