



Business Registration Certificate
Persons Conducting Business Under Assumed Name or Partnership
OFFICE OF THE COUNTY CLERK, CHEBOYGAN COUNTY, MICHIGAN

THE UNDERSIGNED, hereby certifies, under the provisions of PA 101 of Michigan for 1907, as amended, that the following person(s) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct or transact business, or maintain an office or place of business in the County of Cheboygan, State of Michigan, under the name, designation or style set forth below:

1. **Name of Business** _____

2. **Address of Business** _____

() City () Township _____ Phone No. _____ Type of Business: _____

3. () INDIVIDUAL

4. () GENERAL PARTNERSHIP CERTIFICATE. The undersigned hereby certifies under the provisions of PA 164 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:") _____

5. () FIDUCIARY OF TRUST. The Trust Agreement that designates the person mentioned herein as a fiduciary was executed on (insert date) _____

6. () FIDUCIARY OF WILL. The Will that designates the person mentioned herein as a fiduciary was probed on (insert date) _____

7. The undersigned further certifies that the name and address of the person owning, conducting or transacting the business (insert as Applicable the name and address of each individual, partner, fiduciary of the Trust Agreement of Will, and party of the Will) is:

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

SIGNATURES OF ALL PERSONS LISTED ABOVE

Acknowledged before a Notary Public

STATE OF MICHIGAN)
) ss
COUNTY OF CHEBOYGAN)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____, by all persons listed above.

Signature _____

Printed _____

Notary Public for Cheboygan County, Michigan. My Commission Expires: _____

STATE OF MICHIGAN)
) ss
COUNTY OF CHEBOYGAN)

I, Mary Ellen Tryban, Clerk of the County of Cheboygan, and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original record in my office and that the same is a correct transcript thereof, and of the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the Circuit Court of the County of Cheboygan, this

_____ day of _____, 20_____.

By: _____
County Clerk/Deputy County Clerk