

**STOP** \*\*DO NOT COMPLETE THIS FORM FOR A **LIMITED LIABILITY COMPANY (LLC) OR CORPORATION (INC)**. THOSE TYPES OF BUSINESSES MUST BE FILED WITH THE STATE OF MICHIGAN. IT IS THE RESPONSIBILITY OF THE UNDERSIGNED TO DETERMINE IF THE NAME OF THE BUSINESS BELOW IS FILED IN ANY OTHER FORM IN ANOTHER JURISDICTION.\*\*

**BUSINESS REGISTRATION CERTIFICATE  
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR  
PARTNERSHIP  
County of Oceana, Office of County Clerk**

D.B.A. File No. \_\_\_\_\_  
Certificate Exp. \_\_\_\_\_  
Certificate Filed \_\_\_\_\_  
Dissolved \_\_\_\_\_

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

**FILING FEE -- \$10.00**

1. Name of Business \_\_\_\_\_

2. Full Address of Business \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

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) \_\_\_\_\_

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of MI 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. **SIGNATURES OF ALL PERSONS LISTED ABOVE** -(Signature) \_\_\_\_\_  
**Acknowledged before a NOTARY PUBLIC**

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

STATE OF MICHIGAN Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2017 by all persons listed above.

(Signature) \_\_\_\_\_

(Print) \_\_\_\_\_

Notary Public, Oceana County, Michigan (Acting in Oceana County)

My Commission expires: \_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF OCEANA

I, Rebecca J. Griffin, Clerk of the County of Oceana 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, at the City of Hart, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2017.

Rebecca J. Griffin, Oceana County Clerk  
Amy Anderson, Oceana County Chief Deputy Clerk

By: \_\_\_\_\_  
OCEANA COUNTY CLERK/DEPUTY COUNTY CLERK