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_____

   Phone/email _____

   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, of Michigan for the year 1913, as amended, that:
   (a) The Business mentioned herein (Circle only one) **IS** or **IS NOT** a Partnership.
   (Circle only One)
   (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 by partnership contract**"._____

5. **SIGNATURES OF ALL PERSONS LISTED ABOVE -**(Signature) _____
   Acknowledged before a NOTARY PUBLIC

   (Signature) _____

   (Signature) _____

   (Signature) _____

STATE OF MICHIGAN

Acknowledged by _____ before me on this _____
Signer(s) printed names

day of _____, 2026 by all persons listed above.

(Signature) _____

(Print) _____

Notary Public, State of Michigan, County of _____ My Commission expires: _____

State of Michigan
County of Oceana

I, **Melanie A. Coon,** 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 _____, 2026.

Melanie A. Coon, Oceana County Clerk
Joseph T. Graham-Lattin, Oceana County Chief Deputy Clerk

By:_____
OCEANA COUNTY CLERK/DEPUTY COUNTY CLERK