

Filing Fee: \$10
Filed with: Ionia County Clerk
100 West Main Street, Ionia, MI 48846

DBA File No. _____

BUSINESS REGISTRATION CERTIFICATE

Person Conducting Business under Assumed Name or Partnership

THE UNDERSIGNED, hereby certifies, under the provisions of MCLA 445.1-445.5, that the following person(s) now owns, conducts or transacts, or intends to own, conduct or transact a business or maintain an office or place of business in the County of Ionia, State of Michigan, under the name, designation or style set forth below:

1. **NAME OF BUSINESS:** _____

2. **ADDRESS OF BUSINESS (NO P.O. BOXES):** _____

3. **NAME OF PERSON(S)** owning, conducting, transacting or composing the above address and the home post office address of each:

NAME	RESIDENCE ADDRESS (street, city, state, zip)
(print) _____	_____
(print) _____	_____
(print) _____	_____

4. **PARTNERSHIP CERTIFICATE:** The Undersigned hereby certifies under the provisions of MCLA 449.101- 449.106, that:
a) the business mentioned herein IS or IS NOT a partnership (please circle one)
b) length of time 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** (*must be acknowledged before a Notary Public*)

(signature) _____
(signature) _____
(signature) _____

Subscribed and sworn to before me on _____, 200____, by all persons listed above.

(type, print or notary stamp)

Signature of Notary Public, _____ County, Michigan

My commission expires: _____

STATE OF MICHIGAN)
) ss
COUNTY OF IONIA)

I, Tonda Rich, Clerk of the County of Ionia and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original document of record in my office, and that the above is a true and complete copy of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at the County of Ionia,

City of Ionia, State of Michigan, on _____, 200____.

By: _____, Deputy County Clerk

DBA File No. _____ Certificate Filed: _____ Expiration: _____