

**BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME
OR PARTNERSHIP**

Filing Fee \$10.00
D.B.A. File # _____
Co-Partnership# _____
Cert. Expires _____
Filed _____
Dissolved _____

County of Alpena, Office of County Clerk

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101, P.A. of Michigan, for the year of 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 Alpena, State of Michigan, under the name, designation or style set forth below:

Name of Business _____
Address of Business _____
City/Township _____ County _____

Name of Person or Persons, owning, conducting, transacting or composing the above business, and the home address of each.

	Name of Person	Residence address (Street, City, State, Zip Code)
(Print)	_____	_____
(Print)	_____	_____
(Print)	_____	_____

If changing your address or business location, please contact the Clerk's Office to obtain a change of address form to ensure receiving your Expiration Notice.

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

(A) The Business mentioned herein (Insert "is" or "is not") _____ A PARTNERSHIP.
(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
Acknowledge before a Notary Public.

(SIGNATURE) _____
(SIGNATURE) _____
(SIGNATURE) _____
(SIGNATURE) _____

STATE OF MICHIGAN
COUNTY OF ALPENA

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____ A.D. 20____
BY ALL PERSONS LISTED ABOVE.

(SIGNATURE) _____
(PRINT) _____
NOTARY PUBLIC, ALPENA COUNTY, MICHIGAN My Commission Expires _____
