

COUNTY OF ALPENA
OFFICE OF COUNTY CLERK
720 W CHISHOLM ST, STE #2
ALPENA, MI 49707



FILE NO: _____
DATE FILED: _____
DATE EXPIRES: _____

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

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended, that the following person (or persons) 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 Alpena, State of Michigan, under the name, designation or style set forth below:

1. NAME OF BUSINESS: _____

2. ADDRESS OF BUSINESS: _____

3. NAME OF PERSON(S) owning, conducting, transacting or composing the above business, and the mailing address of each.

NAME	RESIDENCE ADDRESS (Street, City, State, Zip)
_____	_____
_____	_____
_____	_____
_____	_____

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.

PARTNERSHIP CERTIFICATE: The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Michigan for the year 1913, as amended, that the Business mentioned herein is a Partnership.

4. SIGNATURES OF ALL PERSON(S) LISTED ABOVE
(Acknowledged before a Notary Public)

(Signature) _____
(Signature) _____
(Signature) _____
(Signature) _____

STATE OF _____) Subscribed and sworn to before me on _____, _____
COUNTY OF _____) by all persons listed above.

Type, print or stamp notary's name

Notary Public, _____ County, State of _____

My Commission Expires: _____