

ALCONA COUNTY CLERK'S OFFICE
106 5TH STREET, P.O. BOX 308, HARRISVILLE, MI 48740

Filing Fee \$10.00
D.B.A. File # _____

BUSINESS REGISTRATION CERTIFICATE
PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME
OR PARTNERSHIP

Certificate Exp. _____
Certificate Filed. _____

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

Name of Business _____
Address of Business _____
City, State and Zip Code _____

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,

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,
(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" _____)

SIGNATURES OF ALL PERSON LISTED ABOVE
Acknowledged before a Notary Public.

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

STATE OF MICHIGAN
COUNTY OF ALCONA

Subscribed and sworn to before this _____ day of _____, 20____
by all persons listed above.
(SIGNATURE) _____
(PRINT) _____
Notary Public, Alcona County, Michigan
My Comm. Exp. _____

(THIS SECTION FOR COUNTY CLERK USE)

STATE OF MICHIGAN
COUNTY OF ALCONA

I, Stephany Eller, Clerk of Alcona County and the Circuit Court hereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original record filed in my office, and the same is a true and correct copy thereof and of the whole of such original certificate.

SEAL

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit court this _____ day of _____, 20____.

Stephany Eller, Alcona County Clerk