

COUNTY OF MIDLAND
MIDLAND COUNTY SERVICES BLDG.
220 W. ELLSWORTH ST.
MIDLAND, MI 48640-5194
PHONE: (989) 832-6739
FAX: (989) 832-6680



File No: _____

Date Filed: _____

Date Expires: _____

☐ DBA

☐ Co-Partnership

☐ Dissolved

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

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 151, P.A. of Michigan, for the year 1949, 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 «County», 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)
_____	_____
_____	_____
_____	_____
_____	_____

4. **SIGNATURES OF ALL
PERSON LISTED ABOVE**

(Acknowledged before a
Notary Public)

(Signature) _____

(Signature) _____

(Signature) _____

(Signature) _____

STATE OF MICHIGAN)
COUNTY OF MIDLAND)

Subscribed and sworn to before me on «AppliedM» «AppliedD», «AppliedY»
by all persons listed above.

Type, print or stamp notary's name

Notary Public, _____ County, State of Michigan

My commission expires: _____

STATE OF MICHIGAN)
COUNTY OF MIDLAND)

I, **JIM STAMAS**, Clerk of the County of «County» and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original on 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 in the County of Midland, this _____ day of _____, _____.

JIM STAMAS, MIDLAND COUNTY CLERK

By: _____ Deputy Clerk

