COUNTY OF OSCODA
Office of the County Clerk
311 S Morenci Ave
Mio, MI 48647
989-826-1110

File Number: _____

Date Filed: _____

Date of Change: _____

CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

CHANGE OF ADDRESS

The undersigned does request that a change be made under the Assumed Name of:

Name of Business: _____

New Address:

Printed Name | New Residential Address (Street, City, State, Zip)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

File Number: _____

STATE OF MICHIGAN
COUNTY OF OSCODA } §

I, **LIBBY MARSH-SHEPHARD,** Clerk of the County of Oscoda and of the Circuit Court thereof, do hereby certify that I have compared the within copy of 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 affixed the seal of said Circuit Court, this _____ day of _____, 20____.

LIBBY MARSH-SHEPHARD, Oscoda County Clerk

By: _____
Deputy Clerk