

ASSUMED NAME CERTIFICATE

Meredith Place | KALAMAZOO COUNTY CLERK & REGISTER OF DEEDS

PHONE: (269) 383-8840 | EMAIL: DBACPFILING@KALCOUNTY.GOV | \$22.00 FILING FEE

THE UNDERSIGNED hereby certifies, under the provisions of MCL 445.1 et seq, that the following person(s) intends to or owns, conducts or transacts a business or maintains an office or place of business in the County of Kalamazoo, State of Michigan, under the name, designation or style set forth below:

☐ Original ☐ Renewal

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ STATE _____ ZIP _____

MAILING ADDRESS (if different): _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ PHONE: _____

Names of persons owning, transacting or composing the above business and home address of each:

Name of Person(s)	Address (Street, City, State, Zip)	Signature (Acknowledged before a Notary Public)

Acknowledged by the persons stated above before me on _____.

Deputy Clerk / Notary Public Signature

Print Name: _____

State of Michigan, County of _____

My Commission Expires: _____

Acting in the County of: _____

DO NOT WRITE BENEATH THIS LINE

CERTIFICATE EXPIRES: _____ 20____ (5 years minus 1 day from filing date)

State of Michigan, County of Kalamazoo} ss

I, **Meredith Place**, Clerk of the County of Kalamazoo and of the Circuit Court thereof, do hereby certify that I have compared the above copy with the original of record filed in my Office, and that it is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and have affixed the seal of said Circuit Court on _____,

Meredith Place, Kalamazoo County Clerk

By: _____ Deputy County Clerk