

Expiration Date: _____

Effective Date: _____

DBA File Number: _____

Filing Fee: \$10.00

Certificate of Persons Conducting Business Under Assumed Name

☐

New

Renewal

☐

The undersigned certifies that they now own or intend to own, conduct or transact business under the assumed name:

Name of Business

Business Phone Number

Address of Business

Mailing Address of Business

The undersigned further certifies that the true or real full name and address(s) of the persons owning, conducting, or transacting said business are:

PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF OWNER(S)

NAME

RESIDENTIAL ADDRESS

CITY & STATE

ZIP

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

*** EVERYONE MUST SIGN IN FRONT OF A NOTARY PUBLIC ***

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature of Notary Public

Printed Name of Notary Public

Subscribed and Sworn to before me this _____ Day of _____, 20_____.

Notary Public, _____ County, Michigan, Acting in _____ County, MI

My Commission Expires: _____.

State of Michigan, County of Roscommon

I, Michelle M. Stevenson, Clerk of the County of Roscommon and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Assumed Name Certificate with the original on record in my office, and that same is a correct transcript therefrom, and of the whole of such original. IN TESTIMONY WHEREOF, I have hereunto, set my hand and affixed the seal of said Circuit Court this _____ day of _____ A.D. 20_____.

Michelle M. Stevenson, Roscommon County Clerk/Register of Deeds

By: _____
County Clerk/Deputy Clerk