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

D.B.A. File No _____
Certificate Exp: _____
Certificate Filed: _____
Dissolved: _____

County of Dickinson, Office of County Clerk

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich., 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 Dickinson, State of Michigan, under the name, designation or style set forth below:

FILING FEE $10.00

1. Name of Business _____

2. Address of Business _____

Mailing Address if different ☐ City ☐ Township_____

Email of Business _____

☐ **INDIVIDUAL**

3. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON RESIDENCE ADDRESS (Street, City, State)

(Print)_____

(Print)_____

(Print)_____

(Print)_____

☐ **GENERAL**

4. 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". _____

5. SIGNATURES OF ALL PERSONS LISTED ABOVE Acknowledged before a Notary Public.

(Signature)_____

(Signature)_____

(Signature)_____

(Signature)_____

STATE OF MICHIGAN
COUNTY OF DICKINSON

Subscribed and sworn to before me this_____ day of _____ A.D., _____ by all the persons listed above.

(Signature) _____

(Print) _____
Notary Public, Dickinson County, Michigan.

My commission expires: _____

(Form below for use of County Clerk)

STATE OF MICHIGAN
COUNTY OF DICKINSON

I, Dolly L. Cook, Clerk of the County of Dickinson and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the 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, at the City of Iron Mountain, this _____ day of _____ A.D., _____.

Dolly L. Cook, Dickinson County Clerk By: _____
COUNTY CLERK/DEPUTY COUNTY CLERK