

Certificate Expiration Date \_\_\_\_\_

Certificate Effective Date \_\_\_\_\_

OFFICE of the COUNTY CLERK/  
REGISTER OF DEEDS  
VITAL RECORDS DIVISION  
**CERTIFIED BUSINESS REGISTRATION**

DBA File Number \_\_\_\_\_

Dissolved \_\_\_\_\_

Michelle M. Stevenson  
County Clerk

Kari A. Hopkins  
Chief Deputy Clerk



**Original**

**Renewal**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Township/City: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended that the following person (or persons) now owns, carries on 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 Roscommon, State of Michigan, under the name, designated or style set forth below:**

**ASSUMED NAME:**  **OR** **CO-PARTNERSHIP:**

**PARTNERSHIP CERTIFICATE:** The Undersigned hereby certify under the provisions of P.A. 164 of Michigan for the year 1913, as amended, that:

- (a) The Business mentioned herein (Insert "IS" or "IS NOT") \_\_\_\_\_ a Partnership.
- (b) Length of time General Partnership is to continue (Insert *either* the Term agreed on by the Partners *or* the statement "not limited") \_\_\_\_\_

Name of Person or Persons, owning, conducting, transacting, or composing the above business, and the mailing address of each:

**NAME OF PERSON** **RESIDENCE (Street, City, State, Zip)**

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

**SIGNATURES OF ALL PERSONS LISTED ABOVE**

*Acknowledged before a Notary Public*

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_, by all persons listed above

State of Michigan (Signature) \_\_\_\_\_

County of (Print) \_\_\_\_\_

Notary Public, \_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_

Acting in the County of: \_\_\_\_\_

**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 Business Registration 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