

JIM RIFFLE
MASON COUNTY CLERK

304 E. LUDINGTON AVENUE
LUDINGTON, MI 49431

FILING FEE \$10.00

(231) 843-8202

CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN
COUNTY OF MASON

The undersigned hereby certifies that he now own or intend to own, conduct or transact business at _____ in the Township/City of _____, Mason County, Michigan, under the assumed name, designation and style of _____. The undersigned further certifies that the true or real full name and the address of the person owning, conducting or transacting said business is:

| Name | Street Address | City or Town |
|-------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In Witness Whereof, I/We have this _____ day of _____ A.D. 20____ made and signed this certificate.

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN
COUNTY OF Mason County

On _____, 20____ before me, a Notary Public, personally appeared the above named person or persons, whose signatures appear above, and who executed the foregoing instrument, and he (she/they) acknowledged to me that he (she/they) executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact the business under the above name, style and designation.

Notary Public _____ County, Michigan
My Commission expires: _____, 20____,

THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK

(This portion to be filled in only by the County Clerk)

THIS CERTIFICATE EXPIRES:

STATE OF MICHIGAN
COUNTY OF MASON

I, Jim Riffle, Clerk of the County aforesaid and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate setting forth the full names of the persons owning, conducting or transacting business under the name of _____ together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that it is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of filing.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court on _____, 20____.
Jim Riffle, County Clerk

By _____
Deputy County Clerk

NOTE: This Certificate must be renewed within (5) years from date. If you change your place of business you must notify this office. If you change the personnel above listed you must file Notice of Dissolution and a new certificate with this office. If you discontinue your business you must file Notice of Dissolution with this office.

