

\$5.00 Filing Fee

DBA # _____

Filed _____

Expires _____

AMENDMENT OF PARTNER'S NAME
CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

This is to amend the Partner's name on the following Assumed Name Business:

Business Name _____

Person(s) listed _____

Amended Name _____

Dated _____

Parties signature

State of Michigan
County of Oscoda

Sworn to and subscribed before me, a Notary Public in and for the County of _____,

State of Michigan, this _____ day of _____, 20_____.

Notary Public

_____ County, _____

My commission expires _____