

AMENDMENT TO ELIMINATE PARTNER(S)
CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

This is to amend the following Assumed Name Business:

Business Name _____

Name of Current Partner(s)

(Print) _____ (Print) _____ (Print) _____
1 2 3
(Sign) _____ (Sign) _____ (Sign) _____

(Print) _____ (Print) _____ (Print) _____
4 5 6
(Sign) _____ (Sign) _____ (Sign) _____

Name of Partner(s) to be eliminated

(Print) _____ (Print) _____ (Print) _____
1 2 3
(Sign) _____ (Sign) _____ (Sign) _____

(Print) _____ (Print) _____ (Print) _____
4 5 6
(Sign) _____ (Sign) _____ (Sign) _____

Name of Partner(s) to be added

(Print) _____ (Print) _____ (Print) _____
1 2 3
(Sign) _____ (Sign) _____ (Sign) _____

(Print) _____ (Print) _____ (Print) _____
4 5 6
(Sign) _____ (Sign) _____ (Sign) _____

I/We have agreed to the elimination/addition of the above partner(s)

Date

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 _____