

**BUSINESS REGISTRATION CERTIFICATE
OF PERSON CONDUCTING BUSINESS UNDER
ASSUMED NAME OR PARTNERSHIP**

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

FILING FEE: \$10.00 (If by mail, only check or money orders are accepted. Expires 5 years from date of filing)

**STATE OF MICHIGAN
COUNTY of OSCODA**

THE UNDERSIGNED hereby certifies under the provisions of P.A. No. 101, P.A. of Michigan, for the year 1907, as amended, that the following person (or person) now owns, carries on, conducts, or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office of place of business, in the County of Oscoda, State of Michigan, under the name, designation or style set forth below:

Name of Business: _____

Address of Business: _____

Phone Number: _____

Type of Business: _____

Name of Person(s)	Full Address	Signature(s)
(Print) _____	_____	_____
(Print) _____	_____	_____
(Print) _____	_____	_____
(Print) _____	_____	_____

INDIVIDUAL(S) CO-PARTNERSHIP

**STATE OF MICHIGAN
COUNTY of OSCODA**

Subscribed and sworn to before me this _____ day of _____, 20____, by the person(s) listed above.

Notary Public

County, _____
My commission expires _____ 20____

This portion to be filled in only by the County Clerk

I, Libby Marsh-Shephard, Clerk of the County of Oscoda and the Circuit Court thereof, do hereby certify the I have compared the foregoing copy of Certificate with the original of record in my office, and that the same is a correct transcript there from, 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 _____ 20____.

By: _____
COUNTY CLERK/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 by filing a Notice of Change of Business Location. If you change the above listed personnel you must file a Notice of Dissolution and a new Certificate with this office. If you discontinue your business, you must file a Notice of Dissolution with this office.

***person** may be one of more individuals, partnerships, limited partnerships, trusts, fiduciaries or other entity. In case of a person other than an individual, see MSA 19.826 (MCL 445.4) for details to be stated in certificate.