

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

Certificate of Co - Partnership

STATE OF MICHIGAN }
COUNTY OF OSCODA } ss.

FILING FEE: \$10.00

This Certifies That we, whose names are signed hereunder in full, are joined in co-partnership as indicated below:

1. **NAME OF CO-PARTNERSHIP** _____
2. **ADDRESS OF CO-PARTNERSHIP** _____
3. **MAILING ADDRESS** _____
(if different)
4. **TYPE OF BUSINESS** _____
5. **PHONE NUMBER** _____

6. **PRINTED NAMES OF CO-PARTNERS**, and home address of each:
NAME OF PERSON ADDRESS (Street, City, State)

7. **SIGNATURES OF ALL PERSONS LISTED ABOVE:**

STATE OF MICHIGAN }
COUNTY OF OSCODA } ss.

I, _____ one of the co-partners of said firm do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner as above written is true and correct.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary _____

Printed Name of Notary _____

My Commission expires: _____ Acting in _____ County.

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

=====

I, Libby Marsh-Shephard, Clerk of the County of Oscoda and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate of Co-Partnership now remaining in my office, and the same is a true and correct copy thereof and of the whole of such original certificate.

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 is valid for 5 years from the date of filing. If you discontinue your business or the persons listed as owners of said business you must file a Notice of Dissolution with this office. You may then re-file a Certificate of Co-Partnership listing the new owners.