

INDIVIDUAL NOTARIZATION

DBA File No. _____
Certificate Exp. _____
Certificate Filed _____
Dissolved _____

Name of Business _____

1. Partner Name _____

State of Michigan
County of _____

Subscribed and sworn to before me this _____ day of _____ A.D., 20__ by all persons listed above.

Notary Public
_____ County, Michigan
My commission expires:

2. Partner Name _____

State of Michigan
County of _____

Subscribed and sworn to before me this _____ day of _____ A.D., 20__ by all persons listed above.

Notary Public
_____ County, Michigan
My commission expires:

3. Partner Name _____

State of Michigan
County of _____

Subscribed and sworn to before me this _____ day of _____ A.D., 20__ by all persons listed above.

Notary Public
_____ County, Michigan
My commission expires:

4. Partner Name _____

State of Michigan
County of _____

Subscribed and sworn to before me this _____ day of _____ A.D., 20__ by all persons listed above.

Notary Public
_____ County, Michigan
My commission expires: