

D.B.A. File No: \_\_\_\_\_  
Certificate Exp: \_\_\_\_\_  
Certificate Filed: \_\_\_\_\_  
Dissolved: \_\_\_\_\_

## Certificate of Persons Conducting Business Under Assumed Name

**STATE OF MICHIGAN**  
**COUNTY of OSCODA**

THE UNDERSIGNED hereby certifies, under the provision of P.A. No. 101, P.A. of Michigan, for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts, or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office or 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:** \_\_\_\_\_

**PRINT OR TYPE NAME(S) AND MAILING ADDRESSE(S) OF OWNER(S)**

**Name**

**Full Address**


**SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME**


**STATE OF MICHIGAN**  
**COUNTY of OSCODA**

On \_\_\_\_\_, 20\_\_\_\_ before me,  
A Notary Public, personally appeared the above names person or persons, whose signatures appear above, and who executed the foregoing instrument, and he/ she/ they acknowledged to me that he/ she /they executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact the business under the above name, style and designation

Notary Public, \_\_\_\_\_ County, MI

My commission expires \_\_\_\_\_, 20\_\_\_\_

**THIS CERTIFICATE EXPIRES FIVE YEARS FROM THE DATE OF FILING WITH THE COUNTY CLERK**

*This portion to be filled in only by the county Clerk*

I, Ann Galbraith, Clerk of the County of Oscoda and the Circuit Court thereof, do hereby certify that 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 personnel above listed, you must file Notice of Dissolution and a new Certificate with this office. If you discontinue your business, you must file Notice of Dissolution with this office.

**\*person** may be one or 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.