D.B.A. File No: _	
Certificate Exp: _	
Certificate Filed: _	
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: NAME OF CO-PARTNERSHIP 1. 2. ADDRESS OF CO-PARTNERSHIP MAILING ADDRESS 3. (if different) TYPE OF BUSINESS 4. 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** } one of the co-partners of said firm COUNTY OF OSCODA \ ss. 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, Ann Galbraith, 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 ______, 20_____. 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.