

COUNTY OF PRESQUE ISLE  
OFFICE OF COUNTY CLERK  
151 E. HURON , P.O. BOX 110  
ROGERS CITY, MI 49779

File No: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Date Expires: \_\_\_\_\_

DBA

Co-Partnership

Dissolved

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

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended, that the following person (or persons) now own, conducts or transacts, or intends to own, conduct or transact a business, or maintain an office or place of business in the County of Presque Isle, State of Michigan, under the name, designated or style set forth below:

1. NAME OF BUSINESS: \_\_\_\_\_

2. ADDRESS OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

3. NAME OF PERSON(S) owning, conducting, transacting or composing the above business, and the mailing address of each.

NAME	RESIDENCE ADDRESS (Street, City, State, Zip)
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

4. SIGNATURES OF ALL PERSONS LISTED ABOVE

(Acknowledged before a Notary Public)

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

STATE OF MICHIGAN )  
COUNTY OF PRESQUE ISLE )

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_  
by all persons listed above.

\_\_\_\_\_  
Type, print or stamp notary's name

\_\_\_\_\_  
Notary Public, Presque Isle County, State of Michigan

My commission expires: \_\_\_\_\_

STATE OF MICHIGAN )  
COUNTY OF PRESQUE ISLE )

I, SUSAN M. RHODE, Clerk of the County of Presque Isle and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original on record in my office, and that the same is a true and complete copy of the original. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the seal of said Circuit Court, at the City of Rogers City, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SUSAN M. RHODE, PRESQUE ISLE COUNTY CLERK

By: \_\_\_\_\_ Deputy Clerk

**CERTIFICATE OF CHANGE IN BUSINESS LOCATION**

**BUSINESS REGISTRATION – PERSON CONDUCTING BUSINESS UNDER ASSUMED  
NAME OR PARTNERSHIP**

Filing Fee: \$3.00

Certificate File No: \_\_\_\_\_  
Certificate Expiration: \_\_\_\_\_  
Certificate Filing Date: \_\_\_\_\_

The Undersigned hereby certifies, under the provisions of P.A. No. 101 of 1907, as amended, Sec. 445.2a, the following person (or persons) state there is a change in business location for the following named business:

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
New Street Address of Business

/ \_\_\_\_\_  
City/Township (Strike One)

\_\_\_\_\_  
Mailing Address (If Different)

Name of Person or Persons owning, conducting, transacting, or composing the above business, and the residence address of each:

<u>NAME OF PERSON(S)</u>	<u>RESIDENCE ADDRESS (Street, City, State, Zip)</u>
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

Signatures of all persons listed above and  
Acknowledged before a Notary Public:

(Signature) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Signature) \_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF PRESQUE ISLE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_, by all the  
persons listed above.

(Signature) \_\_\_\_\_

(Print) \_\_\_\_\_ Notary Public

\_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_