

**CERTIFICATE OF CO-PARTNERSHIP**

We the undersigned, hereby certifies that we joined in co-partnership in the County of Calhoun, State of Michigan, under the firm name and style stated below:

**FILING FEE.....\$10.00**                      **This is an Original \_\_\_ or a Renewal \_\_\_ certificate.**

<b>NAME OF FIRM:</b> (please print)		
<b>PRINCIPAL ADDRESS OF BUSINESS:</b>		
<b>PHONE #:</b>	<b>TYPE OF BUSINESS:</b>	

**FULL LEGAL NAMES(S) OF COPARTNERS and residence addresses of each.**

<b>NAME:</b> (please print)	<b>HOME ADDRESS:</b> (please print)
<b>NAME:</b>	<b>HOME ADDRESS:</b>
<b>NAME:</b>	<b>HOME ADDRESS:</b>
<b>NAME:</b> (please print)	<b>HOME ADDRESS:</b>

**EXPIRATION DATE OF PARTNERSHIP CONTRACT:** \_\_\_\_\_

<b>Signature:</b>	<b>Signature:</b>
<b>Signature:</b>	<b>Signature:</b>

**I, \_\_\_\_\_, one of the copartners of the above names firm, certify that all copartners of said firm have correctly stated their full legal names and residence addresses and scribed their respective full legal names.**

**STATE OF MICHIGAN  
 COUNTY OF CALHOUN**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 by all persons listed above.  
 Notary Signature \_\_\_\_\_

(Print Name) \_\_\_\_\_ Notary Public \_\_\_\_\_ County, MI

My Commission expires: \_\_\_\_\_

**STATE OF MICHIGAN  
 COUNTY OF CALHOUN**

**I, KIMBERLY A. HINKLEY, CLERK/REGISTER & THE CIRCUIT COURT, thereof, do hereby certify that I have compared the within copy of Assumed Name Certificate with the original of record filed in my office, and that the same is a true and correct copy thereof and of the whole of such certificate.  
 In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court,  
 this \_\_\_ day of \_\_\_\_\_,**

**KIMBERLY A. HINKLEY, CALHOUN COUNTY CLERK/REGISTER**

**By: \_\_\_\_\_ Deputy County Clerk**

**THIS SIDE IS NOT TO BE COMPLETED BY AN INDIVIDUAL (PERSON).....**

**This side should be completed only by the following: Partnerships, limited partnerships, trusts, fiduciaries or other entities capable of contracting.**

***PARTNERSHIP, LIMITED PARTNERSHIP AND OTHER ENTITIES***

Name of entity owning this assumed name:
Type of entity (partnership, etc.)
Statute (if any) under which organized:
Title of document(s) filed:
Date of filing:
Place (city, state & country) of filing:
With what governmental authority or agency:

*PARTNERSHIPS OR LIMITED PARTNERSHIPS MUST PROVIDE NAME & ADDRESS OF EACH GENERAL PARTNER:*

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

***TRUSTS AND FIDUCIARIES***

Date of last will & testament:
or trust agreement:
In what court?
If a will, date of admission to probate:
city & state:

*PARTIES TO THE TRUST AGREEMENT & EACH FIDUCIARY MUST PROVIDE THEIR NAME & ADDRESS:*

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

**Signature of the person completing the above:** \_\_\_\_\_

**Title** \_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF CALHOUN

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by all persons listed above.  
Notary Signature \_\_\_\_\_

(Print Name) \_\_\_\_\_ Notary Public \_\_\_\_\_ County, MI

My Commission expires: \_\_\_\_\_