

Kimberly A. Hinkley
Calhoun County Clerk/Register
315 W. Green St., Marshall, MI 49068
(269) 781-0718 - Fax (269) 781-0721

OFFICE USE ONLY
Certificate No. _____
File Date _____
Expiration Date _____

C E R T I F I C A T E O F A S S U M E D N A M E

FILING FEE.....\$10.00

Office Use Only: This is an Original _____ or a Renewal _____ certificate.

NAME OF BUSINESS: (Please print) _____

PRINCIPAL ADDRESS OF BUSINESS: _____

Street City Zip Code

PHONE # _____ **TYPE OF BUSINESS:** _____

FULL LEGAL NAME(S) OF PERSON(S) OWNING, CONDUCTING, TRANACTING OR COMPOSING THE ABOVE BUSINESS & ADDRESS(ES) OF EACH.

(Please print)

NAME: _____ **NAME:** _____

HOME ADDRESS: _____ **HOME ADDRESS:** _____

CITY STATE ZIP CITY STATE ZIP

SIGNATURES OF ALL PERSONS LISTED ABOVE ****Must be acknowledged before a Notary Public.****

Signature: _____ **Signature:** _____

*See other side if additional names & addresses are needed

STATE OF MICHIGAN
COUNTY OF CALHOUN
Subscribed and sworn to before me this _____ day of _____, 20

STATE OF MICHIGAN
COUNTY OF CALHOUN
Subscribed and sworn to before me this _____ day of _____, 20

by _____

by _____

Notary Signature _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

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

ADDITIONAL FULL LEGAL NAME(S) OF PERSON(S) Owning, conducting, transacting or composing the aforesaid business & address(es) of each. PLEASE PRINT

NAME: _____ **NAME:** _____

HOME ADDRESS: _____ **HOME ADDRESS:** _____

CITY STATE ZIP

CITY STATE ZIP

SIGNATURES OF ALL PERSONS LISTED ABOVE **Must be acknowledged before a Notary Public.**

Signature: _____

Signature: _____

**STATE OF MICHIGAN
COUNTY OF CALHOUN**

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

**STATE OF MICHIGAN
COUNTY OF CALHOUN**

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

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ASSUMED NAME AMENDMENT CERTIFICATE
(USED TO AMEND BUSINESS ADDRESS ONLY)

FILING FEE....\$5.00

DATE: _____

Notice is hereby given, that the business name below has changed the business location:

BUSINESS NAME _____

IS NOW LOCATED AT _____
Street City State Zip

SIGNATURES OF ALL PERSONS ON ORIGINAL CERTIFICATE must be acknowledged before a Notary Public:

Signature: Printed Name:	Signature: Printed Name:
Signature: Printed Name:	Signature: Printed Name:

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

Additional notary on back

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 Amendment 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

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

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File Date _____
Orig. Cert. No. _____

NOTICE OF DISSOLUTION
CERTIFICATE OF ASSUMED NAME/CO-PARTNERSHIP

FILING FEE....\$10.00

DATE: _____

Notice is hereby given that the business or co-partnership conducted under the:

BUSINESS NAME _____

Located at _____
Street City State Zip

... has been dissolved.

SIGNATURES OF ALL PERSONS ON ORIGINAL CERTIFICATE must be acknowledged before a Notary Public:

Signature: Printed Name:	Home Address: (please print)
Signature: Printed Name:	Home Address: (please print)
Signature: Printed Name:	Home Address: (please print)
Signature: Printed Name:	Home Address: (please print)

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

Additional notary on back

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/Co-Partnership Certificate Notice of Dissolution 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

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____

STATE OF MICHIGAN
COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,

by _____

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(Print Name) _____ Notary Public _____ County, MI

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