

County of Lapeer
OFFICE OF COUNTY CLERK
255 Clay St.
Lapeer, MI 48446
FILING FEE: \$10.00

NEW RENEWAL

File No.: _____
Certificate Filed: _____
Certificate Exp.: _____
Dissolved: _____

BUSINESS REGISTRATION CERTIFICATE

PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME

The UNDERSIGNED hereby certify, under the provisions of PA 101 of Michigan for 1907, as amended, that the following person(s) now owns, carries on, conducts, transacts, or intends to own, carry on, conduct, or transact a business, or maintain an office or place of business, in the County of Lapeer, State of Michigan, under the name, designation or style set forth below:

1. Name of Business: _____
2. Address of Business: _____
Located in the (City, Village or Township) _____ of _____
Mailing Address (if different): _____
Phone No.: _____ E-mail: _____

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

NAME RESIDENCE ADDRESS (Street, City, State, Zip Code)

NAME	RESIDENCE ADDRESS (Street, City, State, Zip Code)

4. SIGNATURE(S) OF ALL PERSONS LISTED ABOVE
Acknowledged before a Notary Public
- X _____
X _____
X _____
X _____

STATE OF MICHIGAN}
COUNTY OF LAPEER}

Subscribed and sworn before me this _____ day of _____, 20____ by all persons listed above.

Notary Public

_____ County, Michigan

Signature of Notary Public

My Commission Expires: _____

Type, Print or Stamp Name

STATE OF MICHIGAN}
COUNTY OF LAPEER}

I, Theresa M. Spencer, Clerk of the County of Lapeer and 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 above 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, in the City of Lapeer, this _____ day of _____, 20____.

THERESA M. SPENCER, LAPEER COUNTY CLERK

By: _____
County Clerk / Deputy County Clerk

County of Lapeer
OFFICE OF COUNTY CLERK
255 Clay St.
Lapeer, MI 48446
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COPARTNERSHIP REGISTRATION CERTIFICATE

The UNDERSIGNED hereby certify, under the provisions of PA 164 of Michigan for 1913, as amended, that the following persons are joined in a Copartnership business and maintain an office or place of business in the County of Lapeer, State of Michigan, under the name, designation or style set forth below:

1. Name of Business: _____
2. Address of Business: _____
Located in the (City, Village or Township) _____ of _____
Mailing Address (if different): _____
Phone No.: _____ E-mail: _____

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

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

4. SIGNATURE(S) OF ALL PERSONS LISTED ABOVE

X _____	X _____
X _____	X _____

5. SIGNATURE OF ONE (1) PERSON LISTED ABOVE (Acknowledged before a Notary Public)

X _____

STATE OF MICHIGAN }
COUNTY OF LAPEER } *Subscribed and sworn before me this _____ day of _____, 20____ by all persons listed above.*

Notary Public
_____ County, Michigan

_____ *Signature of Notary Public*

My Commission Expires: _____

_____ *Type, Print or Stamp Name*

STATE OF MICHIGAN }
COUNTY OF LAPEER } I, Theresa M. Spencer, Clerk of the County of Lapeer and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Copartnership Registration Certificate with the original on record in my office, and that the above 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, in the City of Lapeer, this _____ day of _____, 20____.

THERESA M. SPENCER, LAPEER COUNTY CLERK By: _____
County Clerk / Deputy County Clerk