

Certificate of Persons Conducting Business Under Assumed Name

STATE OF MICHIGAN, }
County of Saginaw }

The undersigned hereby certified that they now own...(or) intend...to own, conduct or transact business at

_____ In the _____
(Number and Street) (City, Village or Township)
Saginaw County, Michigan, under the assumed name, designation and style of _____

The mailing address of the business: _____, _____, _____
(Number and Street) (City), (State) (Zip Code)

The undersigned further certifies that the true or real full name and the address of the person¹ owning, conducting or transacting said business is:

PRINT OR TYPE NAMES AND ADDRESS

NAME	STREET ADDRESS	CITY OR TOWN

In Witness Whereof, I/We have this _____, made and signed this certificate.

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN, }
County of Saginaw }

On _____ before me, a Notary Public, personally appeared the above named person or persons, whose signatures appear above, and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact the business under the above name, style and designation.

Notary Public, _____ County, Michigan
My commission expires: _____

THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK
(This portion to be filled in only by the County Clerk)

Expiration Date _____

STATE OF MICHIGAN, }
County of Saginaw }

I, _____, Clerk of the County aforesaid and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate setting forth the full names of the persons owning, conducting or transacting business under the name of _____ together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that it is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of filing.

In Testimony Whereof, I have hereunto set my Hand and affixed the seal of said Circuit Court
On _____

Seal

By _____
Deputy County Clerk.

NOTE. This Certificate must be renewed within (5) years from date. If you change your place of business you must notify this office by filing a Notice of Change of Business Location. If you change the personnel above listed you must file Notice of Dissolution and a new Certificate with this office. If you discontinue your business you must file Notice of Dissolution with this office.

¹ "Person" may be one or more individuals, partnerships, limited partnerships, trusts, fiduciaries or other entity. In case of a person other than an individual, see MSA 19.826 (MCL 445.4) for details to be stated in certificate.