



Patti Pacola
Lake County Clerk
800 10th Street, Suite 200
Baldwin, Michigan 49304
231-745-2725
231-745-4641

Certificate No.
Filing Date:
Expiration:
Filing Fee: \$10.00
This is a Legal Document
Type or Print Clearly
Use Black or Blue Ink

CERTIFICATE OF ASSUMED NAME
Person Conducting Business Under Assumed Name, or Partnership

THIS CERTIFICATE EXPIRES FIVE (5) YEARS FROM DATE OF FILING

- NEW RENEWAL AMENDED DISSOLUTION

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Michigan for the year 1907, as amended, that the following person(s) now own, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact a business or maintain an office or place of business in the County of Lake, State of Michigan, under the name designation or style set forth below:

1. NAME OF BUSINESS:

2. ADDRESS OF BUSINESS: street city state zip

3. TELEPHONE NUMBER OF BUSINESS:

4. PRINT FULL LEGAL NAME OF AND ADDRESS OF PERSONS:

(print) full name street city state zip

(print) full name street city state zip

(print) full name street city state zip

5. PARTNERSHIP CERTIFICATE. The undersigned hereby certifies, under the provisions of MCLA 449.101-449.106, that:
(a) The business mentioned herein IS or IS NOT a partnership (circle one)
(b) Length of time partnership is to continue. (Insert either the term agreed on by the Partners, or the statement "not limited by partnership contract")

6. If anyone listed in #5 IS NOT an individual, please see other side before signing.

7. SIGNATURES OF ALL PERSONS LISTED ABOVE (Acknowledged before a notary public)

(signature) (signature)

(signature) (signature)

STATE OF MICHIGAN) ss
COUNTY OF LAKE)
Subscribed and sworn to before me on, 20, by all persons listed above.

Notary Signature

(type, print or stamp notary's name)
Notary Public, County, Michigan
My commission expires:

STATE OF MICHIGAN) ss
COUNTY OF LAKE)
I, Patti Pacola, Clerk of the County of Lake and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original Document of record 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 official seal at the County of Lake on, 2021.
Patti Pacola, Lake County Clerk

By: Deputy Clerk

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

This side should be completed only by the following trusts, fiduciaries or other entities capable of contracting.

A. TRUST AND FIDUCIARIES

1. Date of last will and testament: _____
or trust agreement: _____
2. In what court: _____
3. If a will, date of admission to Probate: _____
4. Each trustee of fiduciary must provide their name(s) and address(es):

Name:

Address (Street, City, State and Zip)

Signature of person completing above

Title

STATE OF MICHIGAN) ss

COUNTY OF LAKE)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public _____

Printed Name of Notary Public _____

Notary Public _____ County, Michigan

My Commission Expires _____