

**BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP**

D.B.A. File No _____
 Certificate Exp. _____
 Certificate Filed _____
 Dissolved _____

County of Presque Isle, Office of County Clerk

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich., for the year 1907, as amended, that the following person (or persons) now owns, 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 Presque Isle, State of Michigan, under the name, designation or style set forth below:

FILING FEE \$10.00

1. Name of Business _____

2. Address of Business _____ City of _____
 _____ Township of _____

Mailing Address (if different) _____

- INDIVIDUAL**
- GENERAL**

3. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Mich. For the year 1913, as amended, that:

- (a) The Business mentioned herein (Insert "IS" or "IS NOT") _____ a Partnership.
 (If the Business IS a Partnership, fill in the blank line under (b) below.)
- (b) Length of Time General Partnership is to Continue. (Insert either the Term agreed on by the Partners, or the statement "not limited". _____)

4. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State)
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

5. SIGNATURES OF ALL PERSONS LISTED ABOVE -
 Acknowledged before a Notary Public.

(Signature) _____

(Signature) _____

(Signature) _____

(Signature) _____

STATE OF MICHIGAN
 COUNTY OF PRESQUE ISLE

Subscribed and sworn to before me this _____ day of _____
 A.D., _____, by all the persons listed above.

(SIGNATURE) _____

(PRINT) _____
 Notary Public, Presque Isle County, Michigan
 My Commission Expires: _____

(Form below for use of County Clerk)

STATE OF MICHIGAN
 COUNTY OF PRESQUE ISLE

I, Ann Marie Main, Clerk of the County of Presque Isle and of 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 same is a correct transcript therefrom, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, at the City of Rogers City, this _____ day of _____ A.D., _____.

Ann Marie Main, Presque Isle County Clerk

 Deputy Clerk