

**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 _____	<input type="checkbox"/> City of _____
		<input type="checkbox"/> 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, Darrin Darga, 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., \_\_\_\_\_.

Darrin Darga, Presque Isle County Clerk

\_\_\_\_\_  
Deputy Clerk