

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

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

THE UNDERSIGNED hereby certifies, under the provision 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 Oscoda, State of Michigan, under the name, designation or style set forth below:

1. Name of Business: _____	
2. Address of Business _____	
Mailing Address if different _____	<input type="checkbox"/> City <input type="checkbox"/> Township

Type of Business: _____

INDIVIDUAL

3. 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)
<i>Print:</i> _____	_____
<i>Print:</i> _____	_____
<i>Print:</i> _____	_____
<i>Print:</i> _____	_____

GENERAL

4. 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." _____)

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

Signature: _____
Signature: _____
Signature: _____
Signature: _____

STATE OF MICHIGAN
COUNTY OF OSCODA

Subscribed and sworn before me this _____ day of _____ A.D.
 _____ by person listed above.

Signature: _____
 Print: _____
 Notary Public: _____ County, in the State of _____
 My Commission Expires _____ "Outside of MI requires Notary Seal"

I, Jeri Winton, Clerk of the County of Oscoda and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate, with the original of record in my office, and that the same is a correct transcript there from, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court this _____ day of _____ A.D., _____.
 Jeri Winton Oscoda County Clerk By: _____
 COUNTY CLERK/DEPUTY COUNTY CLERK

NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME

COUNTY OF OSCODA OFFICE OF COUNTY CLERK

STATE OF MICHIGAN ss.
COUNTY OF OSCODA

Notice is hereby given that the co-partnership or business heretofore conducted under the assumed Name of: _____
Located at: _____
has been dissolved and is no longer engaged in business.
Date: _____

Full Names of Co-partners or Members of Business:

STATE OF MICHIGAN ss.
COUNTY OF OSCODA

On this _____ day of _____ A.D. _____ Before me, the subscriber _____, personally appeared _____ to me personally known to be the same person _____ described in and who executed the foregoing instrument, and _____ be _____ acknowledged to me that _____ he _____ execute

Notary Public

Oscoda County, Michigan

My Commission expires: _____