COUNTY OF CHIPPEWA OFFICE OF COUNTY CLERK 319 COURT ST. SAULT STE. MARIE, MI 49783 (906) 635-6300



File №:

Date Filed:

Date Expires:

Co-Partnership

Dissolved

BUSINESS REGISTRATION CERTIFICATE PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 151, P.A. of Michigan, for the year 1949, 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 Chippewa, State of Michigan, under the name, designation or style set forth below:

1. NAME OF BUSINESS:

2. ADDRESS OF BUSINESS:

3. NAME OF PERSON(S) owning, conducting, transacting or composing the above business, and the mailing address of each.

NAME			RESIDENCE ADDRESS (Street, City, State, Zip)		
·					
4. SIGNATURES OF ALL PERSON LISTED ABOVE (Acknowledged before a Notary Public)		(Signature) (Signature)			
STATE OF MICHIGAN COUNTY OF CHIPPEWA)	Subscribed and s by all persons lis	sworn to before me on ted above.		
Type, print or stamp notary's na	ame		Notary Public, Chippewa County, State of Michigan My commission expires:		
STATE OF MICHIGAN COUNTY OF CHIPPEWA	}				

I, STEVEN J. WOODGATE, Clerk of the County of Chippewa 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 above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal in the County of Chippewa, this _____ day of _____

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STEVEN J. WOODGATE, CHIPPEWA COUNTY CLERK

By: ____

Deputy Clerk

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