

**BUSINESS REGISTRATION CERTIFICATE
PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME**

Filing # _____

SHIAWASSEE COUNTY CLERK

FILING FEE \$16.00 New
\$14.00 Renew

THE UNDERSIGNED hereby, certifies, under the provisions of P.A. No. 101, P.A. of MI 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 Shiawassee, under the name, designation or style set forth below:

Name of Business: _____

Address of Business: _____ MI _____

Located in the (check one) ___ City ___ Township ___ Village of: _____

The undersigned further certifies that the true of real full name and *residential address* (Post Office Box are not allowed) of the person(s) owing, conducting, or transacting said business is:

NAME	RESIDENTIAL ADDRESS	CITY	STATE	ZIP
_____	_____	_____	MI	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN
COUNTY OF SHIAWASSEE

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

Notary Public Signature _____

(Printed name) Notary Public, Shiawassee County, Michigan. My Commission Expires: _____

THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK
(Form below for use of County Clerk)

File Date: _____

Expiration Date: _____

STATE OF MICHIGAN
COUNTY OF SHIAWASSEE

I, Caroline D. Wilson, Clerk of the County of Shiawassee 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 therefrom, and of the whole of the such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, at the City of Corunna on this: _____ day of _____, 20____.

CAROLINE D. WILSON, SHIAWASSEE COUNTY CLERK By: _____
Deputy Clerk

Mail this application, notarized with the \$16.00 fee to : Shiawassee County Clerk, Assumed Names, 208 N Shiawassee St, Corunna MI 48817