

**CERTIFICATE OF CO-PARTNERSHIP**

ACT NO. 138, PA 1955

**Filing Fee: \$10.00 - Payable to Wexford County Clerk, PO Box 490, Cadillac MI 49601**

STATE OF MICHIGAN, COUNTY OF WEXFORD} ss

We, the undersigned, do hereby certify that the following persons now owns, or intends to own, conduct, transact or maintain an office or place of business in the County of Wexford, State of Michigan, under the name, designation or style set forth below:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
(Complete Mailing Address - including PO Box)

And we do further certify that the true or real full names of the persons composing said partnership together with the addresses of said persons are as follows: (Print or Type: name, residence address, po box, city, state, zip)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Witness Whereof, we have this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, made and signed this certificate:

**SIGNATURE(S)** of persons conducting business under assumed name:  
(Acknowledged before a Notary Public)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN, COUNTY OF WEXFORD} ss

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_, by all the persons listed above.

\_\_\_\_\_  
Type, print or stamp notary's name

\_\_\_\_\_  
Notary Public Wexford County, State of Michigan  
My Commission Expires: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Number: \_\_\_\_\_

Certificate Expires: \_\_\_\_\_, 20\_\_\_\_

STATE OF MICHIGAN, COUNTY OF WEXFORD} ss

I, Elaine L. Richardson, Clerk of Wexford County and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Certificate of Business setting forth the full names of persons owning or transacting business under the name of:

\_\_\_\_\_ together with the certificate of filing endorsed thereon, with the original certificate filed in my office and that is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court  
this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_. Elaine L. Richardson, 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 person(s) listed above, you must file 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.