

**CERTIFICATE OF PERSON
CONDUCTING BUSINESS UNDER ASSUMED NAME**

Filing Fee: \$10.00 Payable to Wexford County Clerk 437 E. Division St, Cadillac, MI 49601

Name of Business: _____

Address of Business: _____
(Complete Mailing Address – include PO Box)

Telephone Number: _____

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended, that the following person (or persons) now own, conducts or transacts, or intends to own, conduct or transact a business, or maintain an office or place of business in the County of Wexford, State of Michigan, under the name, designated or style set forth below:

Name	Street Address/PO Box	City/State	Zip
------	-----------------------	------------	-----

Signature(s) of person(s) conducting business under assumed name or co-partnership:
(Acknowledged before a Notary Public)

State of Michigan, County of Wexford:
Subscribed and sworn to before me on this ___ day of _____, 20___, by all the person listed above.

Type, print or stamp notary's name	Notary Public, Wexford County, State of MI My Commission Expires: _____
------------------------------------	--

*****DO NOT WRITE BELOW THIS LINE*****

Certificate Number: _____ Certificate Expires: _____

I, Alaina M. Nyman, Clerk of Wexford County and of the Circuit Court thereof, do hereby certify that I have compared the forgoing copy of Renewal certificate 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 here before 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___. Alaina M. Nyman, County Clerk

By: _____, Deputy Clerk