## Certificate of Persons Conducting Business Under Assumed Name Filing Fee: \$10.00

Lindsay Oswald St. Joseph County Clerk PO Box 189 Centreville, Michigan 49032

The undersigned hereby, certifies that the following person now owns, intends to own, conducts, or transacts business in the County of St. Joseph, State of Michigan, under the name, designation or style as stated below.

Name of Business:		
Address of Business:		
Mailing Address (if Diffe	rent):	
	p of:	
NAME OF PERSON OR	PERSONS owning, conducting, transa INT OR TYPE NAMES AND ADDR	cting or composing the above business and the ESS
NAMES OF PERSON	RESIDEN	CE ADDRESS CITY, STATE, ZIP
SIGNATURES OF ALL		one must be acknowledged before a Notary Public
STATE OF MICHIGAN COUNTY OF ST. JOSEPH On , before	) ) SS ) re me, a Notary Public, personally appeared the a	above named person or persons, whose signature appears above
and who executed the foregoing		
	NOTARY PUBLIC SIGNATYPE NAME: NOTARY PUBLIC IN MY COMMISSION EXPIR	ATURE  ES:
	THIS PORTION TO BE FILLED IN B THIS CERTIFICATE EXPIRES:	Y THE COUNTY CLERK
STATE OF MICHIGAN COUNTY OF ST. JOSEPH	) ) SS )	
	ng Business As Co-partnership with the original	hereby Certify that I have compared the foregoing copy of on record in my office, and that the same is a correct transcript
In Testimony Whereof, I have	nereunto set my hand and affixed the seal of said	Circuit Court this day of,
	Lindsay Oswald, St. Joseph County Clerk  By Deputy County Clerk	

NOTE: If you change your place of business, you must notify this office. If you change the owners 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.