## Certificate of Persons Conducting Business As Co-Partnership 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:			
Mailing Address (if Diffe	erent):		
Located In: City/Townsh	ip of:		
	PERSONS owning, c	onducting, transacting or composing the above business and tl	1e
NAMES OF PERSON		RESIDENCE ADDRESS CITY, STATE, ZIP	
SIGNATURES OF ALL	PERSONS LISTED A	ABOVE: at least one must be acknowledged before a Notary P	ublic
STATE OF MICHIGAN  COUNTY OF ST. JOSEPH  On, before and who executed the foregoing		sonally appeared the above named person or persons, whose signature appears	s above
		PUBLIC SIGNATURE	
	TYPE NAN NOTARY I MY COMN	ME: PUBLIC IN MISSION EXPIRES: ************************************	
	THIS PORTION TO E	BE FILLED IN BY THE COUNTY CLERK E EXPIRES:	*****
STATE OF MICHIGAN	)		
COUNTY OF ST. JOSEPH	) SS )		
	ng Business As Co-partners	uit Court thereof, do hereby Certify that I have compared the foregoing copy hip with the original on record in my office, and that the same is a correct trans	
In Testimony Whereof, I have	hereunto set my hand and a	ffixed the seal of said Circuit Court this day of,	
	Lindsay Oswald, St. Jose By Deputy County Clerk	eph 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.