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:		
	PERSONS owning.	, conducting, transacting or composing the above business and the
NAMES OF PERSON		RESIDENCE ADDRESS CITY, STATE, ZIP
SIGNATURES OF ALL	PERSONS LISTED	ABOVE:
STATE OF MICHIGAN COUNTY OF ST. JOSEPH)) SS)	
On,before and who executed the foregoing		personally appeared the above named person or persons, whose signature appears above
	NOTARY TYPE NA	Y PUBLIC SIGNATURE
	NOTARY	AME: Y PUBLIC IN MMISSION EXPIRES:
	THIS PORTION TO) BE FILLED IN BY THE COUNTY CLERK TE EXPIRES:
STATE OF MICHIGAN)	
COUNTY OF ST. JOSEPH) SS)	
	ing Business Under Assu	Circuit Court thereof, do hereby Certify that I have compared the foregoing copy of med Name with the original on record in my office, and that the same is a correct
In Testimony Whereof, I have	hereunto set my hand and	d affixed the seal of said Circuit Court this day of,
	Lindsay Oswald, St. J By Deputy County Clerk	Joseph 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.