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 Different):

Located In: of

Nature of Business:

NAME OF PERSON OR PERSONS owning, conducting, transacting or composing the above business and the home address of each. PRINT OR TYPE NAMES AND ADDRESS

NAMES OF PERSON RESIDENCE ADDRESS CITY, STATE, ZIP

SIGNATURES OF ALL PERSONS LISTED ABOVE: at least one must be acknowledged before a Notary Public

_____ _____

_____ _____

STATE OF MICHIGAN)
) SS
COUNTY OF ST. JOSEPH)

On _____, before me, a Notary Public, personally appeared the above named person or persons, whose signature appears above and who executed the foregoing instrument.

_____

NOTARY PUBLIC SIGNATURE

TYPE NAME:_____
NOTARY PUBLIC IN ST. JOSEPH COUNTY, MICHIGAN
MY COMMISSION EXPIRES:_____

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