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:

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:_____

****

THIS PORTION TO BE FILLED IN BY THE COUNTY CLERK

THIS CERTIFICATE EXPIRES: _____

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

I, Lindsay Oswald, Clerk of St. Joseph County and the Circuit Court thereof, do hereby Certify that I have compared the foregoing copy of Certificate of Persons Conducting Business As Co-partnership with the original on record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

In Testimony Whereof, I have hereunto 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

****

Receipt # File #_____