

Michelle Johnson  
Manistee County Clerk  
415 Third Street  
Manistee, MI 49660

Filing Fee \$10.00

Phone: 231-723-3331

**CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME**

THE UNDERSIGNED hereby certifies, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact a business, or maintain an office or place of business, in the County of Manistee, State of Michigan, under the name, designation or style set forth below:

Please print in black/blue ink or type

Name of Business \_\_\_\_\_  
Physical Address of Business \_\_\_\_\_  
Mailing Address of Business \_\_\_\_\_

**Individual(s)**

PRINT – NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home mailing address of each:

(Name) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_

**General**– (Check one)

\_\_\_\_\_ The business mentioned herein **IS NOT** a Partnership.  
\_\_\_\_\_ The business mentioned herein **IS** a Partnership. The length of time Partnership is to continue. (Insert either the term agreed on by the Partners, or the statement “Not Limited”)  
\_\_\_\_\_

**SIGNATURES OF ALL PERSONS LISTED ABOVE** \*Signatures must be acknowledged before a Notary Public\*

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF MANISTEE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by all the persons listed above.

Signature of Notary Public \_\_\_\_\_

Notary Public, Manistee County, Michigan  
Acting in \_\_\_\_\_ County, Michigan

My Commission Expires \_\_\_\_\_

County Clerk’s Certification Only

**THIS CERTIFICATE EXPIRES:** \_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF MANISTEE

I, Michelle Johnson, Clerk of the County aforesaid and Clerk of the Circuit Court for said County, do hereby certify that I have compared the within copy of Certificate setting forth the full names of the persons owning, conducting or transacting business under the name of

\_\_\_\_\_ together with the certificate of filing endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that it is a true and correct copy thereof, and of the whole of such original Certificate and of said certificate of filing.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court on \_\_\_\_\_, 20 \_\_\_\_\_.  
Michelle Johnson, County Clerk

By \_\_\_\_\_  
County Clerk/Deputy Clerk

NOTE: This Certificate must be renewed within (5) years from date. If you change your place of business you must notify this office. If you change the personnel above listed you must file Notice of Dissolution and a new certificate with this office. If you discontinue your business you must file Notice of Dissolution with this office.