

Certificate of Co-Partnership

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE

FILING FEE: \$10.00

This certifies that we, whose names are signed hereunder in full, are joined in co-partnership at:

Street Address _____ City/State _____ Zip _____

Grand Traverse County, MI under the firm name of _____

The undersigned further certifies that the true or real full name and address of the persons owning, conducting or transacting said business are

PRINT OR TYPE NAMES AND ADDRESSES OF CO-PARTNERS

NAME	STREET ADDRESS	CITY/STATE	ZIP

SIGNATURES OF CO-PARTNERS

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE I, _____, one of the co-partners of the said firm of _____, do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner as above written is true and correct.

~ONE CO-PARTNER MUST SIGN IN FRONT OF A NOTARY PUBLIC~

_____ Signature of co-partner	_____ Signature of Notary Public
Subscribed and Sworn to before me this _____ day of _____, _____	Notary Public, _____ County, MI My commission expires _____

~THIS PORTION TO BE COMPLETED BY THE COUNTY CLERK~
THIS CERTIFICATE EXPIRES FIVE (5) YEARS FROM THE DATE OF FILING WITH COUNTY CLERK

THIS CERTIFICATE EXPIRES _____

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE

I, Bonnie Scheele, 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

Name of firm