

Certificate of Persons Conducting Business Under Assumed Name

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE

FILING FEE: \$10.00

The undersigned certifies that they now own or intend to own, conduct or transact business at:

Street Address City/State Zip

Grand Traverse County, MI under the assumed name of _____

The undersigned further certifies that the true or real full name and address of the person(s) owning, conducting or transacting said business is(are)

PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF OWNER(S)

NAME	STREET ADDRESS	CITY/STATE	ZIP

**SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME
~EVERYONE MUST SIGN IN FRONT OF A NOTARY PUBLIC~**

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

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE On, _____, _____, before me, a Notary Public, personally appeared the above named person or persons, whose signatures appear above, and who executed the foregoing instrument, and ___he___ acknowledged to me that ___he___ executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact the business under the above name.

Signature of Notary Public
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

Assumed Name