STATE OF MICHIGAN
LIVINGSTON COUNTY CLERK

CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

Filing Fee $10.00

This is a legal document. Please print clearly.

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 111, P.A. of Michigan for the year 1990, as amended, 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_____, under the name, designation or style set forth below:

☐ Original ☐ Renewal ☐ Change of Location ☐ Dissolution ☐ Name Change (i.e., Legal, Marriage)

☐ Individual ☐ General Partnership ☐ Fiduciary of Trust ☐ Fiduciary of Will

Name of Business:_____

Physical Address of Business:_____
Street Address City Zip

Located in the (Choose One)
City of _____ Township of _____ Village of_____

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

NAME	RESIDENTIAL ADDRESS	CITY	STATE	ZIP

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME **DATE OF SIGNING**

_____ _____ _____, 20___

_____ _____

STATE OF MICHIGAN

Subscribed and sworn to before me this _____ day of _____, 20_____A.D. by all persons listed above.

_____, Notary Public

ACTING IN:_____ County, Michigan My Commission Expires:_____

THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK
(THIS PORTION TO BE COMPLETED BY COUNTY CLERK – DO NOT WRITE BELOW THIS LINE)

File Date:_____ Expiration Date:_____

STATE OF MICHIGAN
COUNTY OF LIVINGSTON

I, _____, 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 thereof, 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 this: _____

_____ COUNTY CLERK

By:_____, DEPUTY COUNTY CLERK

Mail this application, notarized with the $10.00 fee to: Livingston County Clerk, Assumed Names,
200 E. Grand River Ave., Howell, MI 48843
Telephone: (517) 546-8177

NOTE: This Certificate must be renewed within five (5) years from date of filing. If you change your place of business, you must notify this Office. If you change the personnel 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. **"Person" means 1 or more individuals, partnerships, trusts, fiduciaries, or other entities capable of contracting.**