

**BUSINESS REGISTRATION CERTIFICATE  
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP**

DBA FILE NO. \_\_\_\_\_  
FILED DATE \_\_\_\_\_  
EXPIRATION \_\_\_\_\_  
DISSOLVED \_\_\_\_\_

**COUNTY OF BENZIE, STATE OF MICHIGAN  
OFFICE OF THE COUNTY CLERK**

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Michigan, for the year 1907, 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 Benzie, State of Michigan, under the name, designation or style set forth below:

Please print **CLEARLY** in black/blue ink or type

**FILING FEE: \$10.00**

Name of Business \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

Mailing Address of Business \_\_\_\_\_

The business is located in the Township/City/Village of \_\_\_\_\_, Benzie County, MI

**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)**

**PARTNERSHIP CERTIFICATE.** The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Michigan, for the year 1913, as amended, that:

\_\_\_\_\_ The business mentioned herein **IS NOT** a Partnership

\_\_\_\_\_ The business mentioned herein **IS** a Partnership. The length of time General 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 BENZIE

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

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

Printed Name of Notary Public \_\_\_\_\_

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

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

*Do not write below this line – for County Clerk’s Certification Only*

STATE OF MICHIGAN  
COUNTY OF BENZIE

I, TAMMY BOWERS, Clerk of the County of Benzie and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of 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, at the

Village of Beulah, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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