

CERTIFICATE OF PERSONS CONDUCTING BUSINESS  
UNDER ASSUMED NAME - ACT NO. 151, P.A. 1949

STATE OF MICHIGAN }  
COUNTY OF } SS. \_\_\_\_\_, the undersigned, whose name(s) \_\_\_\_\_ signed in full  
(We or I) (We or I)  
below, do hereby certify, in pursuance with Act No. 151, P.A. 1949, as amended, for the State of Michigan, that \_\_\_\_\_,  
(We or I)  
the undersigned \*now own (or) intend to own, conduct and transact business at \_\_\_\_\_

County of \_\_\_\_\_, Michigan, Zip \_\_\_\_\_ under the assumed name, designation and  
style of \_\_\_\_\_

And \_\_\_\_\_ do further certify that the true and real full names of all the persons \*who  
(We or I)  
now own (or) who intend to own, conduct and transact the same, together with the residence addresses of each of the said  
persons, are as follows, viz:

PRINT OR TYPE NAMES AND ADDRESSES			
NAME	STREET ADDRESS	CITY OR TOWN	ZIP

In Witness Whereof, \_\_\_\_\_ have this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, made and signed this certificate.  
(Year)

THIS CERTIFICATE EXPIRES \_\_\_\_\_  
(Year)

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

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

STATE OF MICHIGAN }  
COUNTY OF } SS. On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Year)

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 owning, conducting and transacting or who intend to own, conduct and transact the  
business under the above name, style and designation.

Subscribed and sworn before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
(Date)

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Date)

Notary public, State of Michigan, County of \_\_\_\_\_

STATE OF MICHIGAN }  
COUNTY OF } SS.

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, this \_\_\_\_\_

day of \_\_\_\_\_  
(Year)

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Deputy Clerk

\* Strike out the words that are not applicable to the case.

**NOTE:** This Certificate must be renewed within five (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.