

OFFICE OF THE MUSKEGON COUNTY CLERK
Nancy A Waters, County Clerk
141 E. Apple Avenue, 2nd Floor, Muskegon, MI 49442
Phone: (231) 724-6221

Certificate No. _____
Certificate Filed _____
Original Certificate No. _____
Certificate Expires _____

CERTIFICATE OF ASSUMED NAME
FILING FEE \$10.00

The undersigned, hereby certifies that the following person (or persons) now own, intend to own, conduct or transact business in the County of Muskegon, State of Michigan, under the name, designation or style stated below:

1. This is an Original ____ (or) a Renewal ____ Certificate (check one)
2. NAME OF BUSINESS _____
3. PRINCIPAL ADDRESS OF BUSINESS _____
CITY, STATE, ZIP CODE _____ TELEPHONE NO. _____
4. MAILING ADDRESS (if different) _____
5. **FULL LEGAL NAME(S) OF PERSON(S)** owning, conducting, transacting or composing the above business and residence address(es) of each.

NAME OF PERSON

RESIDENCE ADDRESS

(Print) _____

(Print) _____

(Print) _____

(Print) _____

6. **If anyone listed in #5 IS NOT an individual person, please examine the reverse side before signing.**

7. **SIGNATURES OF ALL PERSONS LISTED ABOVE to be signed before a Notary Public**

(Signature) _____ (Signature) _____

(Signature) _____ (Signature) _____

STATE OF MICHIGAN
COUNTY OF MUSKEGON

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

(Signature) _____

(Print Name) _____ Notary Public _____ County, MI

Acting in _____ County, MI

My Commission Expires: _____

I, Nancy A. Waters, Clerk of Muskegon County and the Circuit Court,
thereof, do hereby certify that I have compared the within copy of Assumed
Name Certificate with the original of record filed in my office, and that the same is
a true and correct copy thereof and of the whole of such certificate.

In Testimony Whereof, have hereunto set my hand and affixed the seal of said
Circuit Court, this ____ day of _____, 20____.

Nancy A. Waters, Muskegon County Clerk

By: _____ Deputy County Clerk

THIS SIDE IS NOT TO BE COMPLETED BY AN INDIVIDUAL (PERSON)

This side should be completed only by the following: Partnerships, limited partnerships, trusts fiduciaries or other entities capable of contracting.

A. PARTNERSHIP, LIMITED PARTNERSHIP AND OTHER ENTITIES

1. Name of entity owning this assumed name: _____

Type of entity (partnership, etc.): _____

Statute (if any) under which organized: _____

Title of document(s) filed: _____

2. Date of filing: _____

Place (city, state and country) of filing: _____

3. With what governmental authority (agency): _____

Partnerships or limited partnerships must provide the name and address of each general partner:

TRUST AND FIDUCIARIES:

1. Date of last will and testament: _____

or trust agreement: _____

In what court: _____

2. If a will, date of admission to probate: _____

city and state: _____

Parties to the trust agreement and each fiduciary must provide their name and address:

_____ Signature of person completing above

Title

STATE OF MICHIGAN

COUNTY OF MUSKEGON

Subscribed and sworn to before me this ____ day of _____ 20____

by all the persons listed above.

(Signature) _____

Notary Public _____ County, MI

Print notary name: _____

My Commission Expires: _____