

COUNTY OF HOUGHTON

OFFICE OF THE COUNTY CLERK

File No: _____

Original/Renewal Date: _____

Expiration Date: _____

BUSINESS REGISTRATION CERTIFICATE PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME - RENEWAL

Business Information

Business Name

Telephone No.

Business Principal Address

Business Mailing Address

City, State

Zip Code

City, State

Zip Code

Owner Information

Owner Name

Address (Residence or Principal Place of Business)

Type: Individual Partnership

City, State

Zip Code

*If the Owner named in this Certificate is not an individual, the Owner must attach a writing containing the information about the non-individual entity as required under MCL 445.2b.

STATE OF MICHIGAN }
HOUGHTON COUNTY } ss.

THE UNDERSIGNED, hereby certifies in accordance with MCL 445.1 et seq., that they do now or intend to: own, conduct, or transact business, or maintain an office or place of business in the County of Houghton, State of Michigan, under the name, designation, or style set forth above.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Affiant Signature

Notary Signature

Affiant Printed Name

Affiant Title

I, Jennifer Kelly, Clerk of the County of Houghton and the Circuit Court thereof, do HEREBY CERTIFY that I have compared the foregoing copy is a true and correct copy of the record on file in my office, and that the same is a correct transcript therefrom and the whole of such original. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the Seal of the Circuit Court, of Houghton County, Michigan, this _____ day of _____, 20_____.

JENNIFER KELLY
HOUGHTON COUNTY CLERK