

OFFICE OF THE MUSKEGON COUNTY CLERK

Karen D. Buie, County Clerk

1903 Marquette Ave Suite A104 Muskegon, MI 49442

Phone: 231-724-6221

Certificate No. _____

Certificated 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. **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 persons listed above.

(Signature) _____

(Print name) _____, Notary Public

_____ County, MI, Acting in Muskegon County, MI

My Commission Expires: _____

I, Karen D. Buie, Clerk of Muskegon County and the Circuit Court, do hereby certify that I have compared the within copy of Certificate of Assumed Name 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, I have hereunto set my hand and affixed the seal of said Circuit Court this _____ day of _____, 20__.

KAREN D. BUIE, MUSKEGON COUNTY CLERK

By: _____, Deputy County Clerk