

COUNTY OF VAN BUREN
OFFICE OF COUNTY CLERK
212 Paw Paw Street, Suite 101
Paw Paw, MI 49079

File No. _____

Date Filed: _____

Date Expires: _____

New DBA Co-Partnership Dissolved

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

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, for the year 1907, as amended, that the following person (or persons) now own, conducts or transacts, or intends to own, conduct or transact a business, or maintain an office or place of business in the County of Van Buren, State of Michigan, under the name, designated or style set forth below:

1. **NAME OF BUSINESS:** _____

2. **ADDRESS OF BUSINESS:** _____

3. **NAME OF PERSON(S)** owning, conducting, transacting or composing the above business, and the mailing address of each.

NAME	RESIDENCE ADDRESS (Street, City, State, Zip)
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

4. **SIGNATURES OF ALL PERSON LISTED ABOVE** (Signature) _____
 (Acknowledged before a Notary Public) (Signature) _____
 (Signature) _____
 (Signature) _____

STATE OF MICHIGAN)
COUNTY OF VAN BUREN) Subscribed and sworn to before me on _____, 20____
by all persons listed above.

Type, print or stamp notary's name
Notary Public, _____, County, State of Michigan
My commission expires: _____

STATE OF MICHIGAN)
COUNTY OF VAN BUREN)

I, **TINA LEARY**, Clerk of the County of Van Buren and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original on record in my office, and that the above is a true and complete copy of the original. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and official seal at the Village of Paw Paw, this _____ day of _____, 20____.

TINA LEARY, VAN BUREN COUNTY CLERK

By: _____, Deputy Clerk