

**BUSINESS REGISTRATION CERTIFICATE**

**PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP**

**County of Keweenaw, Office of County Clerk**

D.B.A. File No. \_\_\_\_\_

Certificate Exp. \_\_\_\_\_

Certificate Filed \_\_\_\_\_

Dissolved \_\_\_\_\_

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich., for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office or place of business, in the County of Keweenaw, State of Michigan, under the name, designation or style set forth below:

FILING FEE \$10.00

1.	Name of Business
2.	Address of Business
	<input type="checkbox"/> City Mailing Address if different <input type="checkbox"/> Township

**INDIVIDUAL**

3. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State)
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

**GENERAL**

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of Mich., for the year 1913, as amended, that:

(a) The Business mentioned herein (Insert "IS" or "IS NOT") \_\_\_\_\_ a Partnership.  
(If the Business "IS" a Partnership, fill in the blank line under (b) below.)

(b) Length of Time General Partnership is to Continue. (Insert either the Term agreed on by the Partners, or the statement "not limited". \_\_\_\_\_)

5. SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Acknowledged before a Notary Public. (Signature) \_\_\_\_\_  
(Signature) \_\_\_\_\_

STATE OF MICHIGAN      Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
COUNTY OF              A.D., \_\_\_\_\_ by all the persons listed above.  
KEWEENAW

(Signature) \_\_\_\_\_  
(Print) \_\_\_\_\_  
Notary Public, Keweenaw County, Michigan

My Commission Expires: \_\_\_\_\_

**(Form below for use of County Clerk)**

STATE OF MICHIGAN      I, Julie Carlson, Clerk of the County of Keweenaw and the Circuit Court thereof, do hereby certify  
COUNTY OF              that I have compared the foregoing copy of Business Registration Certificate with the original of  
KEWEENAW              record in my office, and that the same is a correct transcript therefrom, and of the whole of such  
original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

Julie A. Carlson, Keweenaw County Clerk By: \_\_\_\_\_  
County Clerk/Deputy County Clerk