

# ASSUMED NAME CERTIFICATE

Meredith Place | KALAMAZOO COUNTY CLERK & REGISTER OF DEEDS

PHONE: (269) 383-8840 | EMAIL: [DBACPFILING@KALCOUNTY.COM](mailto:DBACPFILING@KALCOUNTY.COM) | \$10 FILING FEE

**THE UNDERSIGNED** hereby certifies, under the provisions of MCL 445.1 et seq, that the following person(s) intends to or owns, conducts or transacts a business or maintains an office or place of business in the County of Kalamazoo, State of Michigan, under the name, designation or style set forth below:

Original  Renewal

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Names of persons owning, transacting or composing the above business and home address of each:

Name of Person(s)	Address	Signature
	<i>(Street, City, State, Zip)</i>	<i>(Acknowledged before a Notary Public)</i>

Acknowledged by the persons stated above before me on \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk / Notary Public Signature

Print Name: \_\_\_\_\_  
State of Michigan, County of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Acting in the County of: \_\_\_\_\_

**DO NOT WRITE BENEATH THIS LINE**

CERTIFICATE EXPIRES: \_\_\_\_\_ 20\_\_\_\_ (5 years minus 1 day from filing date)

*State of Michigan, County of Kalamazoo} ss*

I, **Meredith Place**, Clerk of the County of Kalamazoo and of the Circuit Court thereof, do hereby certify that I have compared the above copy with the original of record filed in my Office, and that it is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and have affixed the seal of said Circuit Court on \_\_\_\_\_,

**Meredith Place, Kalamazoo County Clerk**

By: \_\_\_\_\_ Deputy County Clerk