

Anne B. Norlander
Calhoun County Clerk and Register of Deeds
315 W. Green St., Marshall, MI 49068
(269) 781-0718 - Fax (269) 781-0721

Certificate No. _____
File Date _____
Expiration Date _____

CERTIFICATE OF ASSUMED NAME

FILING FEE.....\$10.00

This is an Original _____ or a Renewal _____ certificate.

NAME OF BUSINESS: (Please print) _____

PRINCIPAL ADDRESS OF BUSINESS: _____

PHONE #: _____ TYPE OF BUSINESS: _____

FULL LEGAL NAMES(S) OF PERSON(S) OWNING, CONDUCTING, TRANSACTING OR COMPOSING THE ABOVE BUSINESS & ADDRESS(ES) OF EACH.

PLEASE PRINT:

NAME: _____ FULL HOME ADDRESS: _____

NAME: _____ FULL HOME ADDRESS: _____

*See other side if additional names & addresses are needed.

SIGNATURES OF ALL PERSONS LISTED ABOVE - must be acknowledged before a Notary Public.

SIGNATURE: _____ SIGNATURE: _____

*See other side if additional names & addresses are needed

STATE OF MICHIGAN Subscribed and sworn before me this _____ day of _____, 20____.
COUNTY OF CALHOUN by _____
Notary Signature _____ Print Name _____
Notary Public _____ County, Michigan My Commission expires _____

*See other side if additional notary acknowledgments are needed.

STATE OF MICHIGAN I, ANNE B. NORLANDER, CLERK OF CALHOUN COUNTY AND THE CIRCUIT COURT, thereof, do
COUNTY OF CALHOUN hereby certify that I have compared the within copy of Assumed Name Certificate 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____.

ANNE B. NORLANDER, CALHOUN COUNTY CLERK

By: _____ Deputy County Clerk

ADDITIONAL FULL LEGAL NAME(S) OF PERSON(S) Owning, conducting, transacting or composing the aforesaid business & address(s) of each.

PLEASE PRINT:

NAME: _____ **FULL HOME ADDRESS** _____

NAME: _____ **FULL HOME ADDRESS** _____

ADDITIONAL SIGNATURES OF ALL PERSONS LISTED - must be acknowledged before a Notary Public

SIGNATURE _____ SIGNATURE _____

ADDITIONAL NOTARY ACKNOWLEDGMENTS;

STATE OF MICHIGAN Subscribed and sworn before me this _____ day of _____ 20_____.
COUNTY OF CALHOUN by _____
Notary Signature _____ Print Name _____
Notary Public _____ County, Michigan My Commission expires _____

STATE OF MICHIGAN Subscribed and sworn before me this _____ day of _____ 20_____.
COUNTY OF CALHOUN by _____
Notary Signature _____ Print Name _____
Notary Public _____ County, Michigan My Commission expires _____

STATE OF MICHIGAN Subscribed and sworn before me this _____ day of _____ 20_____.
COUNTY OF CALHOUN by _____
Notary Signature _____ Print Name _____
Notary Public _____ County, Michigan My Commission expires _____