

CERTIFICATE OF CO-PARTNERSHIP

We the undersigned, hereby certifies that we joined in copartnership in the County of Calhoun, State of Michigan, under the firm name and style stated below:

FILING FEE.....\$10.00 This is an Original _____ or a Renewal _____ certificate.

NAME OF FIRM: (please print)	
PRINCIPAL ADDRESS OF BUSINESS:	
PHONE #:	TYPE OF BUSINESS:

FULL LEGAL NAMES(S) OF COPARTNERS and residence addresses of each.

NAME: (please print)	HOME ADDRESS: (please print)
NAME:	HOME ADDRESS:
NAME:	HOME ADDRESS:
NAME: (please print)	HOME ADDRESS:

EXPIRATION DATE OF PARTNERSHIP CONTRACT: _____

Signature:	Signature:
Signature:	Signature:

I, _____, one of the copartners of the above names firm, certify that all copartners of said firm have correctly stated their full legal names and residence addresses and scribed their respective full legal names.

STATE OF MICHIGAN
 COUNTY OF CALHOUN

Subscribed and sworn to before me this _____ day of _____,
 by all persons listed above.
 Notary Signature _____
 (Print Name) _____ Notary Public _____ County, MI
 My Commission expires: _____

STATE OF MICHIGAN
 COUNTY OF CALHOUN

I, ANNE B. NORLANDER, CLERK OF CALHOUN COUNTY AND THE CIRCUIT COURT, thereof, do 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 _____,

ANNE B. NORLANDER, CALHOUN COUNTY CLERK

By: _____ Deputy County Clerk

THIS SIDE IS NOT TO BE COMPLETED BY AN INDIVIDUAL (PERSON).....

This side should be completed only by the following: Partnerships, limited partnerships, trusts, fiduciaries or other entities capable of contracting.

PARTNERSHIP, LIMITED PARTNERSHIP AND OTHER ENTITIES

Name of entity owning this assumed name:
Type of entity (partnership, etc.)
Statute (if any) under which organized:
Title of document(s) filed:
Date of filing:
Place (city, state & country) of filing:
With what governmental authority or agency:

PARTNERSHIPS OR LIMITED PARTNERSHIPS MUST PROVIDE NAME & ADDRESS OF EACH GENERAL PARTNER:

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

TRUSTS AND FIDUCIARIES

Date of last will & testament:
or trust agreement:
In what court?
If a will, date of admission to probate:
city & state:

PARTIES TO THE TRUST AGREEMENT & EACH FIDUCIARY MUST PROVIDE THEIR NAME & ADDRESS:

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

Signature of the person completing the above: _____

Title _____

**STATE OF MICHIGAN
COUNTY OF CALHOUN**

Subscribed and sworn to before me this _____ day of _____,
by all persons listed above.

Notary Signature _____

(Print Name) _____ Notary Public _____ County, MI

My Commission expires: _____