

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 _____

ASSUMED NAME AMENDMENT CERTIFICATE

FILING FEE....\$5.00

DATE: _____

Notice is hereby given, that the business name below has changed the business location:

BUSINESS NAME _____

IS NOW LOCATED AT _____
Street City State Zip

SIGNATURES OF ALL PERSONS ON ORIGINAL CERTIFICATE must be acknowledged before a Notary Public:

| | |
|------------|------------|
| Signature: | Signature: |
| Signature: | Signature: |

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

I, ANNE B. NORLANDER, CLERK OF CALHOUN COUNTY AND THE CIRCUIT COURT,
COUNTY OF CALHOUN 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 _____, 20 _____

ANNE B. NORLANDER, CALHOUN COUNTY CLERK

By: _____ Deputy County Clerk