

**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 \_\_\_\_\_

Orig. Cert. No. \_\_\_\_\_

***NOTICE OF DISSOLUTION***  
**CERTIFICATE OF ASSUMED NAME/CO-PARTNERSHIP**

**FILING FEE....\$10.00**

**DATE:** \_\_\_\_\_

Notice is hereby given that the business or co-partnership conducted under the:

***BUSINESS NAME*** \_\_\_\_\_

*Located at* \_\_\_\_\_  
Street City State Zip

...has been dissolved.

**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 \_\_\_\_\_,**

**ANNE B. NORLANDER, CALHOUN COUNTY CLERK**

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