

CERTIFICATE OF SOLE PROPRIETORSHIP

MARILYN DUNN~ST. CLAIR COUNTY CLERK

FILING FEE \$10.00

EXPIRES 5 YEARS FROM DATE OF FILING

Certificate No. _____

File date: _____

Expiration Date: _____

STATE OF MICHIGAN

COUNTY OF ST. CLAIR

The undersigned hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich. for the year 1907, as amended, that the following person now owns, carries on, conducts or transacts or intends to own, carry on, conduct, or transact, a business or maintain an office or place of business in the County of St. Clair, State of Michigan, under the name, designation or style set forth below:

Name of Business(Please print): _____

Address of Business(No PO Box): _____

City, State, Zip: _____

Phone _____ E-mail _____

Business Owner's Name: _____
(Please print)

Home Address(No PO Box): _____

City, State, Zip: _____

Phone _____ E-mail _____

Signature:

Must be signed before a notary public

**STATE OF MICHIGAN
COUNTY OF ST. CLAIR**

On this _____ day of _____, A.D. 20____, the above signer(s) personally appeared before me and identified themselves and acknowledged that they freely and personally signed the above notice.

(Notary Public Signature) _____

(Printed Name) _____ Notary Public, _____ County, Michigan.

My commission Expires: _____

CERTIFICATE OF CO-PARTNERSHIP
MARILYN DUNN~ST. CLAIR COUNTY CLERK
FILING FEE \$10.00
EXPIRES 5 YEARS FROM DATE OF FILING

Certificate No. _____

File date: _____

Expiration Date: _____

STATE OF MICHIGAN

COUNTY OF ST. CLAIR

The undersigned hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich. for the year 1907, as amended, that the following persons, as co-partners, now own, carry on, conduct or transact or intends to own, carry on, conduct, or transact, a business or maintain an office or place of business in the County of St. Clair, State of Michigan, under the name, designation or style set forth below:

Name of Business(please print): _____
Address of Business(No PO Box): _____
City, State, Zip: _____
Phone _____ E-mail _____

Names of persons owning, transacting or composing the above business and home address of each:
Name (Print) _____ Residence Address (No P.O. Boxes) _____ City/State/Zip _____

SIGNATURE OF ALL PERSONS LISTED ABOVE:

Signature

Signature

Signature

Signature

PARTNERSHIP CERTIFICATE. The undersigned hereby certifies under the provisions of Michigan P.A. No. 164 of 1913, as amended that the business named herein is a partnership.

***Must be signed before a notary public**

STATE OF MICHIGAN
COUNTY OF ST. CLAIR

I, _____, one of the co-partners of the
firm _____ do certify that all co-partners of the firm individually
signed their respective names affirmed before me and that the place of residence of each co-partner is correct.

Signature: _____
(One of the Co-Partners of above named firm)

Subscribed and sworn to before me this
_____ day of _____, 20__.

Signature: _____

Print: _____

Notary Public
State of Michigan, County of St. Clair
My Commission expires: _____