



IONIA COUNTY CLERK
 100 West Main Street
 Ionia, MI 48846
 616-527-5322

FILE NUMBER _____
 DATE FILED _____
 DATE EXPIRES _____

CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

The undersigned do hereby certify pursuant to Act 101 of 1907, as amended, now owns, conducts, transacts, or intends to own, conduct, transact business or maintain an office or place of business, in the County of Ionia, State of Michigan, under the name, designation or style set forth below:	
Name of Business: ↓	Address of Business: ↓

Person(s) owning, conducting, transacting or composing the above business, and the mailing address of each.	
Name of Person(s): ↓	Address of Persons(s): ↓

Signatures of all person(s) must be acknowledged before a Notary Public.	
Signature of Person(s): ↓	Date of Signature(s): ↓

STATE OF MICHIGAN
 COUNTY OF IONIA

Subscribed and sworn before me on the ____ day of _____, in the year of _____, by all persons listed above.



 Notary Public, State of Michigan, County of Ionia
 Notary Name:
 My Commission Expires:
 Acting in:

STATE OF MICHIGAN
 COUNTY OF IONIA

I, Clerk of the County of Ionia, do hereby certify that I have compared the within copy of Certificate with the original on record in my office, and that the above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Ionia County on the ____ day of _____, in the year of _____.



 Ionia County Clerk
 Ionia County Deputy Clerk