

M. Frances Fuller

Eaton County Clerk and Register of Deeds
1045 Independence Blvd., Charlotte, MI 48813
(517) 543-2426 – Fax (517) 541-0666

File Date: _____

Expiration Date: _____

CERTIFICATE OF ASSUMED NAME

FILING FEE.....\$10.00

This is an Original _____ or a Renewal _____ certificate.

NAME OF BUSINESS: (PLEASE PRINT)	PHONE		
PRINCIPAL ADDRESS OF BUSINESS:		CITY	STATE
			ZIP
NAME OF CITY, TOWNSHIP <u>OR</u> VILLAGE:			

FULL LEGAL NAME(S) OF PERSON(S) OWNING, CONDUCTING, TRANSACTING OR COMPOSING THE ABOVE BUSINESS & ADDRESS(ES) OF EACH.

NAME: (PLEASE PRINT)	HOME ADDRESS: (PLEASE PRINT)
NAME:	HOME ADDRESS:
NAME:	HOME ADDRESS:
NAME:	HOME ADDRESS:

SIGNATURES OF ALL PERSONS LISTED ABOVE must be acknowledged before a Notary Public.

Signature:	Signature:
Signature:	Signature :

**STATE OF MICHIGAN
COUNTY OF EATON**

Subscribed and sworn before me this _____ day of _____, 20 _____.
by all persons listed above.
Notary Signature: _____

(Print Name) _____ Notary Public, Eaton County, MI
Acting in Eaton County, Michigan. My commission expires: _____.

**STATE OF MICHIGAN
COUNTY OF EATON**

I, M. FRANCES FULLER, CLERK / REGISTER OF EATON COUNTY, 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 County, this _____ day of
_____, 20 _____. _____

M. FRANCES FULLER, EATON COUNTY CLERK / REGISTER

By: _____ Deputy County Clerk

Expires: _____

BUSINESS REGISTRATION
CERTIFICATE

Person Conducting Business Under
Assumed Name.

NAME OF BUSINESS

Filed by: _____