

Diana Bosworth

Eaton County Clerk/Register
1045 Independence Blvd., Charlotte MI 48813
Phone (517)543-2426 Fax (517)541-0666
Countyclerk@eatoncounty.org

Filed 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 PHYSICAL ADDRESS OF BUSINESS	CITY STATE ZIP
NAME OF CITY, TOWNSHIP OR VILLAGE	NATURE/KIND OF BUSINESS

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

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

WAIT TO SIGN, 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, _____ County, MI
Acting in _____ County, Michigan. My commission expires: _____

STATE OF MICHIGAN
COUNTY OF EATON

I, DIANA BOSWORTH, CLERK/REGISTER OF EATON COUNTY, thereof do hereby certify that I have compared the within copy of Assumed Name Certificate with the original record filed in my office and the same is 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 Eaton County, this _____ day of _____ 20____.

By: _____ Deputy County Clerk
DIANA BOSWORTH, EATON COUNTY CLERK/REGISTER

Expires: _____

BUSINESS REGISTRATION
CERTIFICATE

Persons Conducting Business Under
Assumed Name.

NAME OF BUSINESS

Filed by: _____
