



BRANCH OFFICE
 Veterans Memorial Courthouse
 Lansing, MI 48933
 inghamclerk@ingham.org
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Barb Byrum
Ingham County Clerk

MAIN OFFICE
 P.O. Box 179
 341 South Jefferson
 Mason, MI 48854
 Phone: (517) 676-7201
 Fax: (517) 676-7254

Assumed Name Certificate

Under MCL 445.1 et seq, the undersigned hereby certify that the following person(s) intends to or now owns, conducts, or transacts a business or maintains an office or place of business in the County of Ingham, State of Michigan under the name, designation, or style as set forth below:

Name of Business: _____

Business Address: _____

Type of Business: _____

Name of Person(s)	Address (Street, City, State, Zip)	Signature

Acknowledged by the persons stated above before me on _____.

 Deputy Clerk/Notary Public Signature

Notary Public Printed Name: _____
 Notary Public, State of Michigan, County of: _____
 My commission expires on: _____

DO NOT WRITE BENEATH THIS LINE

This Certificate expires on: _____

State of Michigan, County of Ingham } ss

I, **Barb Byrum**, Clerk of Ingham County and Clerk of the 30th Judicial Circuit Court, do hereby certify that I have compared the above copy with that original certificate on file in my Office and that it is a true copy thereof.

It testimony whereof, I have hereunto set my hand and affixed the seal of said Circuit Court on _____.

Ingham County Clerk Barb Byrum

By: _____
 Deputy Clerk