



BRANCH OFFICE
 Veterans Memorial Courthouse
 Lansing, MI 48933
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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

Co-Partnership Certificate

Under MCL 449.101 et seq, we, the undersigned, hereby certify that we now or intend to carry on a business in the County of Ingham, State of Michigan, as Co-Partners under the firm name as set forth below:

Name of Business: _____

Business Address: _____

Type of Business: _____

Length of Time the Partnership is to Continue: We, the undersigned, certify that there is no limit to the length of time the partnership is to continue unless a date is stated here: _____. If a date is stated, the partnership shall discontinue after that date. Please note that this certificate expires on the date stated below irrespective of this section.

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

Subscribed and sworn to by _____ **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