



BRANCH OFFICE
Veterans Memorial Courthouse
Lansing, MI 48933
inghamclerk@ingham.org
www.clerk.ingham.org

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

Nonresident Irrevocable Consent

I, _____ (print your full name), being first duly sworn, state the following:

1. I am a resident of the State of _____ (insert state of residence).
2. I am not a resident of the State of Michigan.
3. I am filing a certificate to carry on business under an assumed name under MCL 445.1 et seq. either by myself or with others.
4. The assumed name of the business shall be _____ (insert name of business).
5. I give my irrevocable consent that actions may be commenced against me in the courts of the State of Michigan by service of process or pleading authorized by the laws of the State of Michigan on the Ingham County Clerk in whose office the certificate and this Nonresident Irrevocable Consent are filed.

Signature

Subscribed and sworn to before me on _____.

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

Notary Public Signature

***Please Note:** There is a \$2.00 fee to file a Nonresident Irrevocable Consent with the Ingham County Clerk.

DO NOT WRITE BENEATH THIS LINE

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 the original 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