

**Filing Fee: \$10.00**

Payment to: Huron County Clerk

M.C.L.A. 445.1 et seq. 445.2B

**Lori S. Neal**

**Huron County Clerk**

250 East Huron Ave., Rm. 201  
Bad Axe, MI 48413  
(989) 269-9942

**HURON COUNTY – CERTIFICATE OF ASSUMED NAME**

**THIS CERTIFICATE EXPIRES FIVE (5) YEARS FROM THE DATE OF FILING**

THE UNDERSIGNED hereby certifies that the following person(s) now owns (or) intends to own, conduct or transact business in the County of Huron, State of Michigan, under the designation, name or style stated below:

- 1. AN ORIGINAL                      2. RENEWAL                      3. CHANGE OF LOCATION                      4. DISSOLUTION

2. NAME OF BUSINESS: \_\_\_\_\_

3. PRINCIPAL ADDRESS OF BUSINESS: \_\_\_\_\_

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ Business Phone Number \_\_\_\_\_

**4. PRINT OR TYPE FULL LEGAL NAMES AND ADDRESSES:**

NAME OF PERSON	RESIDENCE ADDRESS	CITY, STATE, ZIP	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. SIGNATURES OF ALL PERSONS LISTED ABOVE:** All signatures must be acknowledged before a Notary Public.

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN)  
( ss  
COUNTY OF HURON )

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_.

\_\_\_\_\_ Notary Public

Type Name: \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Counter \_\_\_\_\_ Mail \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

**CERTIFICATION OF RECORD**

STATE OF MICHIGAN)  
( ss  
COUNTY OF HURON

I, LORI NEAL , Clerk of HURON COUNTY, do hereby certify that the foregoing is a true and exact copy of the original document on file in my office.

LORI S. NEAL  
Huron County Clerk

By: \_\_\_\_\_  
Deputy Clerk (Date)