## BERRIEN COUNTY CLERK'S OFFICE Sharon J. Tyler

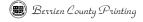
701 Main Street, St. Joseph, Michigan 49085 (269) 983-7111, ext 8233 www.berriencounty.org

FOR OFFICE USE ONLY						
Certificate No						
Expiration Date:						

## CERTIFICATE OF ASSUMED NAME (DBA) (FILING FEE: \$10.00)

		tifies that the following personates the business name, as		carries on	, conducts or transact	s business in the County of
1.	This is an <b>Original</b>	(or) a <b>Renewal</b>	_ Certificate (	check one).		
2.	Name of Business: (ple	ase print)				
3.	Street Address of Busi	ness:				
4.						
	Telephone: (	_)				
	Mailing Address: (if diffe	erent)				
5.		ss:				
6.	Full legal name(s) of pers	son(s) carrying on, conducting	ng or transacting	the above	business, and residend	ce address of each:
	NAME OF PERSON(S	5)		RESIDENC	CE ADDRESS (Street,	City, State and Zip)
<ul> <li>7. If your business includes "Trusts or Fiduciaries," please see Page 2 before signing.</li> <li>8. Signatures of all persons listed above must be signed below (in the presence of a Notary Public if mailing in form</li> </ul>						
ST	eturning this form in p ATE OF MICHIGAN ) DUNTY OF BERRIEN )		vorn to before m	•	•	o have it notarized.
CU	ONIT OF BERRIEN )	by person(s) listed				
		Printed name of N	otary			
		Notary Public				County, Michigan
		Commission expira	ation			
FO	R OFFICE USE ONLY - D	O NOT WRITE BELOW THI	S LINE			
NΑ	ME OF BUSINESS:					
	ATE OF MICHIGAN ) UNTY OF BERRIEN )	I, Sharon J. Tyler, Clerk of Berrien County and the Circuit Court 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 a true and correct copy thereof and of the whole of such original certificate.				
		In Testimony Whereof, I h	ave hereunto se	t my hand a	and affixed the seal of s	said Circuit Court this
		•			, 20	
		Sharon J. Tyler, Berri	en County Cler	k		
		Ву			D	eputy County Clerk

NOTE: This Certificate must be renewed within five (5) years from date of filing. If you change your address, you must notify this office. If the owner above changes, you must file a Certificate of Discontinuance and file a new DBA Certificate. If you discontinue your business, you must file a Certificate of Discontinuance.



## This side should be completed only by the following trusts, fiduciaries or other entities capable of contracting.

A.	TRI	JST AND FIDUCIARIES						
	1.	Date of last will and test	tament:					
		or trust agreement:						
	2.	In what court:						
	3.	3. If a will, date of admission to Probate:						
	4. Each trustee or fiduciary must provide their name(s) and address(es):							
		Name		Address (Street, City, State and Zip)				
				Signature of person completing above				
				Title				
		OF MICHIGAN ) Y OF BERRIEN )						
			Subscribed and by person lister	, 20				
			Signature of Notary					
			of Notary					
			Notary Public_		County, Michigar			
			Commission ex	piration				

A.