COUNTY OF LIVINGSTON
Office of the County Clerk
200 E. Grand River Ave
Howell, MI 48843
(517) 546-0500

File Number: ☐

Date Filed: ☐

Date Discontinuance: ☐

CERTIFICATE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

DISCONTINUANCE

The undersigned do hereby certify pursuant to Act 101 of 1907, as amended, now owns, conducts, transacts, or intends to own, conduct, transact business or maintain an office or place of business, in the County of Livingston, State of Michigan, under the name, designation or style set forth below:

1. Name of Business: **Phone Number:**

2. Physical Address of Business:

3. Name of Person(s) owning, conducting, transacting or composing the above business, and the mailing address of each.

Name Residential Address (Street, City, State, Zip)

Name of Business: _____

File Number: _____

4. SIGNATURES OF ALL PERSONS must be acknowledged before a Notary Public.

(Signature) _____ (Signature) _____

(Signature) _____ (Signature) _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } §

Subscribed and sworn to before me on _____, 20____ by all persons listed above.

_____
Print notary's name

_____
Notary Public, State of Michigan, County of Livingston

My commission expires: _____

Acting in the County of: _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } §

I, **ELIZABETH HUNDLEY,** Clerk of the County of Livingston and of the Circuit Court thereof, do hereby certify that I have compared the within copy of Certificate with the original on record in my office, and that the above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, 20____.

ELIZABETH HUNDLEY, Livingston County Clerk

By: _____
Deputy Clerk

Note: This Certificate expires five (5) years from the date of filing. This office must be notified of any changes to your business address, if any persons listed above change, and/or if the business is discontinued.