

CERTIFICATE OF CO-PARTNERSHIP (ACT NO. 164 OF 1913)

STATE OF MICHIGAN, COUNTY OF INGHAM} ss

This certifies that we, whose names are signed below in full, are joined in co-partnership under the firm name of:

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TYPE OF BUSINESS: _____

PRINT OR TYPE NAMES, STREET ADDRESS, CITY AND ZIP CODE OF CO-PARTNERS

In witness whereof, we have this date _____, made and signed this certificate:

SIGNATURES OF CO-PARTNERS

STATE OF MICHIGAN, COUNTY OF INGHAM} ss

I _____, one of the co-partners of the said firm of:

do hereby certify that all co-partners of said firm have herein above individually subscribed their respective names as witnessed by myself, and that the place of residence of each said co-partner, as written above, is true and correct. (Signed)

Subscribed and sworn before me this date: _____

Notary Public _____ Deputy Clerk
Acting in _____ County, Michigan
County

----- DO NOT WRITE BELOW THIS LINE -----
This Certificate Expires on: _____

STATE OF MICHIGAN, COUNTY OF INGHAM} ss

I, _____, Clerk of Ingham County and Clerk of the 30th Judicial Circuit Court, do hereby certify that I have compared the above copy of Certificate setting forth the full names of the persons owning or transacting business under the name of:

_____ together with the certificate of filing endorsed thereon, with the original certificate filed in my office and that it is a true copy thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Circuit Court on _____

County Clerk

Deputy Clerk

Filing Fee: \$10.00 Payable to: Ingham County Clerk, PO Box 179, Mason, MI 48854

**Ingham County has a Regulation Eliminating Smoking in Public and Private Work Sites.
Visit: www.CACVoices.org to review the Regulation and determine if it applies to your business.**

