



Barry County Clerk  
 Pamela A. Palmer  
 220 W. State Street, Hastings MI 49058  
 Phone (269) 945-1285 Fax (269) 945-0209

DBA Filing No. \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**RENEWAL BUSINESS REGISTRATION CERTIFICATE**  
**PERSONS CONDUCTING BUSINESS AS A CO PARTNERSHIP**

*Expiration date is five years from date of expiration of the original or preceding certificate*

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A., of Mich. For the year 1907, as amended, that the following person now owns, carries on, conducts or transacts, or intends to own, carry on, conduct or transact a business or maintain an office or place of business in the County of Barry, State of Michigan, under the name designation or style set forth below.

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address: (If Different) \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

**Name of persons owning, conducting, transacting or composing the above business address.**

Name of Person	Residence Address (Street, City, State & Zip)
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(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

GENERAL PARTNERSHIP CERTIFICATE: The undersigned hereby certify under the provisions of Michigan State Annotated Sec. 20.111ff., that:

- (a) The Business mentioned herein (Insert: "IS" or "IS NOT") \_\_\_\_\_ a partnership.
- (b) Length of time Partnership is to continue. \_\_\_\_\_. (Insert either the term agreed on by the partners or the statement: "Not limited by partnership contract.")

**Signature of all persons listed above:**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

I, \_\_\_\_\_, one of the co partners listed above named firm, certify that all co partners of said firm have correctly stated their full legal names and residence and scribed their respective full legal names.

\_\_\_\_\_  
 (Signature)

STATE OF MICHIGAN  
 County of Barry

Subscribed and sworn to before me on \_\_ day of \_\_\_\_\_, 20\_\_,  
 by all the persons listed above.

Notary Signature: \_\_\_\_\_  
 Print or Type Name of Notary \_\_\_\_\_, Notary Public, Barry County, Michigan.  
 My Commission expires: \_\_\_\_\_