



LAWRENCE KESTENBAUM
WASHTENAW COUNTY CLERK/REGISTER

REMIT PAYMENT / MAIL TO:
WASHTENAW COUNTY CLERK
200 N. MAIN, SUITE 100, P.O. BOX 8645
ANN ARBOR, MI 48107-8645
TELEPHONE (734) 222-6720

THIS IS A LEGAL DOCUMENT
TYPE OR PRINT CLEARLY
USE BLACK OR BLUE INK

WASHTENAW COUNTY — CERTIFICATE OF COPARTNERSHIP

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

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

1. ORIGINAL RENEWAL CHANGE OF LOCATION AMENDMENT DISSOLUTION

2. NAME OF BUSINESS

3. PRINCIPAL ADDRESS OF BUSINESS number & street city state zip code

4. (PRINT) FULL LEGAL NAMES OF COPARTNERS RESIDENCE ADDRESS(ES)

first middle last number and street city state zip

first middle last number and street city state zip

SEE REVERSE SIDE FOR ADDITIONAL NAMES

5. EXPIRATION DATE OF PARTNERSHIP CONTRACT

6. SIGNATURES OF ALL PERSONS (COPARTNERS) LISTED ABOVE

signature signature

7. I, ONE OF THE COPARTNERS OF THE ABOVE NAMED BUSINESS, CERTIFY THAT ALL COPARTNERS OF SAID BUSINESS HAVE CORRECTLY STATED THEIR FULL LEGAL NAMES AND RESIDENCE ADDRESSES AND SCRIBED THEIR RESPECTIVE FULL LEGAL NAMES. Signature below MUST be witnessed by a notary public.

(Signature)

(Notary Signature)

Printed Name

Notary Public, County, MI

Acting in County, MI

Commission expires

STATE OF MICHIGAN )
COUNTY OF WASHTENAW ) ss.

Subscribed and sworn to before me this

day, month day year

FOR OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

Counter Mail Franchise Yes No Approved /

CERTIFICATION OF RECORD

STATE OF MICHIGAN ) I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that
COUNTY OF WASHTENAW ) SS the foregoing is a true and exact copy of the original document on file in my office.

Dated:

Lawrence Kestenbaum

LAWRENCE KESTENBAUM,
WASHTENAW COUNTY CLERK/REGISTER

FILE #

PREVIOUS FILE #

