BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP

County of Osceola, Office of County Clerk

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of MI, for the year 1907, as amended, that the following person (or persons) 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 Osceola, State of Michigan, under the name, designation or style set forth below:

FILE # ______________

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PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR PARTNERSHIP

County of Osceola, Office of County Clerk

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FILING FEE -- $10.00

1. Name of Business

2. Address of Business

Mailing Address if different

3. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON | RESIDENCE ADDRESS (Street, City, State)

(Print)

(Print)

(Print)

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of MI for the year 1913, as amended, that:

(a) The Business mentioned herein (Insert "IS" or "IS NOT") ___________________ a Partnership.

(b) Length of Time General Partnership is to continue. (Insert either the Term agreed on by the Partners, or the statement "not limited".)

5. SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) ______________________

Acknowledged before a Notary Public

(Signature) ______________________

STATE OF MICHIGAN

Subscribed and sworn to before me this __________________ day of __________________ A.D., 20 __ by all persons listed above.

(Signature) ______________________

(Print) _____________________________

Notary Public, _______________ County, Michigan (Acting in _______________ County)

My Commission expires: ______________

SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) ______________________

Acknowledged before a Notary Public

(Signature) ______________________

STATE OF MICHIGAN

Subscribed and sworn to before me this __________________ day of __________________ A.D., 20 __ by all persons listed above.

(Signature) ______________________

(Print) _____________________________

Notary Public, _______________ County, Michigan (Acting in _______________ County)

My Commission expires: ______________

STATE OF MICHIGAN

COUNTY OF OSCEOLA

I, Karen J. Bluhm, Clerk of the County of Osceola and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit, at the City of Reed City, this __________________ day of __________________ A.D., 20 __.

Karen J. Bluhm, Osceola County Clerk

By: ________________________________

OSCEOLA COUNTY CLERK/DEPUTY COUNTY CLERK