

**BERRIEN COUNTY CLERK'S OFFICE**

**M. Louise Stine**

701 Main Street, St. Joseph, Michigan 49085

(269) 983-7111, ext. 8233

www.berriencounty.org

**FOR OFFICE USE ONLY**

Certificate No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Certificate of Assumed Name (DBA)**

**(Filing Fee: \$10.00)**

The undersigned, hereby certifies that the following person (or persons) now own, intend to own, conduct or transact business in the County of Berrien, State of Michigan, under the name, designation or style as stated below.

1. This is an **Original** \_\_\_\_\_ (or) a **Renewal** \_\_\_\_\_ Certificate (check one).
2. Name of Firm: (please print) \_\_\_\_\_
3. Address of Firm: \_\_\_\_\_
4. City, State, Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Mailing Address: (if different) \_\_\_\_\_
5. Full legal name(s) of person(s) owning, conducting, transacting or composing the above business, and residence address of each:  

NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State and Zip)
_____	_____
_____	_____
_____	_____
_____	_____
6. *If anyone listed in #5 IS NOT an individual, please see Page 2 before signing.*
7. Signatures of all persons listed above: (Must be signed in the presence of a notary public.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATE OF MICHIGAN )**  
**COUNTY OF BERRIEN )**

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

Signature of Notary \_\_\_\_\_

Printed name of Notary \_\_\_\_\_

Notary Public \_\_\_\_\_ County, Michigan

Commission expiration \_\_\_\_\_

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

**NAME OF BUSINESS:** \_\_\_\_\_

**STATE OF MICHIGAN )**  
**COUNTY OF BERRIEN )**

I, M. Louise Stine, Clerk of Berrien County and the Circuit Court thereof, do hereby certify that I have compared the within copy of Assumed Name Certificate with the original record filed in my office, and the same is a true and correct copy thereof and of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**M. Louise Stine, Berrien County Clerk**

By \_\_\_\_\_ Deputy County Clerk

NOTE: This Certificate must be renewed within five (5) years from date of filing. If you change your address, you must notify this office. If the persons above change, you must file a Notice of Dissolution and file a new Certificate. If you discontinue your business, you must file a Notice of Dissolution.

**THIS SIDE IS NOT TO BE COMPLETED BY AN INDIVIDUAL (PERSON)**

This side should be completed only by the following trusts, fiduciaries or other entities capable of contracting.

**A. TRUST AND FIDUCIARIES**

1. Date of last will and testament: \_\_\_\_\_  
or trust agreement: \_\_\_\_\_
2. In what court: \_\_\_\_\_
3. If a will, date of admission to Probate: \_\_\_\_\_
4. Each trustee or fiduciary must provide their name(s) and address(es):

Name	Address (Street, City, State and Zip)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of person completing above

\_\_\_\_\_  
Title

**STATE OF MICHIGAN )**  
**COUNTY OF BERRIEN )**

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

Signature of Notary \_\_\_\_\_

Printed name of Notary \_\_\_\_\_

Notary Public \_\_\_\_\_ County, Michigan

Commission expiration \_\_\_\_\_