

ASSUMED NAMES INSTRUCTIONS

The filing fee for an Assumed Name Certificate is \$10.00. Make the check or money order payable to 'Oakland County Clerk'.

*****Use black ink to print or type the information on the form.*****

1. Use the word 'I' or 'We' where applicable.
2. Enter the business address on the line provided. A P.O. Box may be used only if the street address is included. Be sure to include zip codes for both addresses.
3. Enter the name of the business that is being registered on the line that says "under the assumed name, designation and style of _____". (The words INC., Incorporated or Corporation or any form of the word(s) meaning Corporation may NOT be used.)
4. A brief description is required on the "Description of Business" line. Example: If registering a consulting company, include what kind of consulting.
5. Print or type all names and addresses of the owners. Be sure to include all zip codes. If any party lists an address that is not located in Michigan, an out-of-state certificate must be signed by that party and include an additional \$2.00 filing fee. The out-of-state certificate may be obtained by calling our office at the number below.
6. Enter the date that all parties sign the form. **All parties involved must sign the form before a notary public.** The notary public must sign, date and stamp or type their name as well as their expiration date. (A notary public is available at the Oakland County Clerk's Office.)
7. DO NOT ENTER THE DATE THE CERTIFICATE EXPIRES.
8. Mail the certificate along with \$10.00 made payable in check or money order to:

Oakland County Clerk's Office
Attn: Vital Records
1200 N. Telegraph Dept. 413
Pontiac, MI 48341-0413

If you have additional questions, contact us at 248-858-0568.

No. _____

Certificate of Persons Conducting Business Under Assumed Name (Act No. 151, P.A. 1949)

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss. _____, the undersigned, whose name _____ signed in full below, do
(We or I) (We or I)

hereby certify, in pursuance with Act No. 151, P.A. 1949, as amended, for the state of Michigan that _____, the
(We or I)

undersigned now own (or) intend to own, conduct and transact business at _____

_____ County of _____, Michigan, Zip _____ under the assumed name, designation and
style of _____

with Description of Business _____

And _____ do further certify that the true and real full names of all the persons who now own (or) who
(We or I)
intend to own, conduct and transact the same, together with the residence addresses of each of the said persons, are as follows, viz:

NAME	RESIDENCE ADDRESS	CITY OR VILLAGE	ZIP

In Witness Whereof, we have this _____ day of _____, A.D. _____, made and signed this certificate.

THIS CERTIFICATE EXPIRES _____

SIGNATURES OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss. On this _____ day of _____,
before me, a Notary Public, personally appeared the above named person or persons, whose signatures appear above,
and who executed the foregoing instrument, and ___he___ acknowledged to me that ___he___ executed the same,
and that they are all of the persons owning, conducting and transacting or who intend to own, conduct and transact
the business under the above name, style and designation.

Notary Public, _____ County, Michigan
My commission expires _____

STATE OF MICHIGAN }
COUNTY OF OAKLAND } ss. Clerk of the County aforesaid and Clerk for the Circuit Court for said County,
do hereby certify that I have compared the within copy of Certificate setting forth the full names of the persons
owning, conducting or transacting business under the name inscribed above together with the certificate of filing
endorsed thereon, with the original Certificate heretofore filed and now remaining in my office, and that it is a true
and correct copy thereof, and of the whole or such original Certificate of said certificate of filing.

In Testimony, Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court of said
County of Oakland, at Pontiac, this _____ day of _____, A.D. _____.

RUTH JOHNSON, County Clerk-Register of Deeds
By: _____
Deputy Clerk

Note: This Certificate must be renewed within five (5) years from date. If you change your place of business you must
notify this office. If you change the personnel above listed you must file Notice of Discontinuance and a new
Certificate with this office. If you discontinue your business you must file Notice of Discontinuance with this office.