

ASSUMED NAME FORM INSTRUCTIONS

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

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

1. Use the word 'We' or 'I' where applicable.
2. Enter the name of the business that is being registered on the line that says "under the Assumed Name of ". (The words INC., Incorporated, Corporation, LLC or any form of the word(s) meaning Corporation may NOT be used.)
3. A brief description is required on the "description of business" line. Example: If registering a consulting company, include what kind of consulting.
4. 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.
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 online or 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

*No Out of State Checks or Starter Checks accepted.

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

Certificate of Persons Conducting Business Under Assumed Name

STATE OF MICHIGAN
COUNTY OF OAKLAND

_____, the undersigned, do hereby certify in pursuance of Act 151, P.A. 1949, as amended, now own (or) _____
(We or I)

intend to own, conduct and transact business in the County of Oakland, State of Michigan, under the Assumed Name of _____

with description of business _____.

Business address _____ Zip _____

And _____ do further certify that the true and real full names of the persons who now own (or) intend to own, conduct and _____
(We or I)

transact the same, together with the residence address(es) of each of the said persons are as follows:

NAME	RESIDENCE ADDRESS	CITY/TOWNSHIP/VILLAGE	ZIP

In Witness Whereof, we/I have this _____ day of _____, A. D. 20____ made and signed this certificate.

SIGNATURES OF ALL PERSONS LISTED ABOVE:

THIS CERTIFICATE EXPIRES

STATE OF MICHIGAN
COUNTY OF OAKLAND

Acknowledged by _____ before me on

the _____ day of _____, _____.

(applicant name or names)

(notary signature)

Notary Public, State of Michigan _____ County, Michigan

My commission expires _____

STATE OF MICHIGAN
COUNTY OF OAKLAND

I, LISA BROWN, County Clerk/Register of Deeds, do hereby certify that I have compared the foregoing certificate with the original and that it is a true and correct copy of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Oakland County Clerk, at Pontiac, this _____ day of _____, A.D. 20____.

LISA BROWN, County Clerk/Register of Deeds

By: _____
Deputy Clerk