CERTIFICATE OF CO-PARTNERSHIP

ANGIE WATERS ST. CLAIR COUNTY CLERK FILING FEE \$10.00 EXPIRES 5 YEARS FROM DATE OF FILING

Certificate No	
File date:	
Expiration Date:	

STATE OF MICHIGAN

COUNTY OF ST. CLAIR

The undersigned hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich. for the year 1907, as amended, that the following persons, as co-partners, now own, carry on, conduct or transact or intends to own, carry on, conduct, or transact, a business or maintain an office or place of business in the County of St. Clair, State of Michigan, under the name, designation or style set forth below:

Name of Business(please prin	nt):
Address of Business(No Po	O Box):
City, State, Zip:	E-mail:
Phone:	E-mail:
Names of persons owning, transacting of Name (Print) Residence Ad	or composing the above business and home address of each: dress (No P.O. Boxes City State Zip
SIGNATU	RE OF ALL PERSONS LISTED ABOVE:
Signature	Signature
Signature	Signature
PARTNERSHIP CERTIFICATE. The undersing 1913, as amended that the business named here *Must be signed before a notary public	gned hereby certifies under the provisions of Michigan P.A. No. 164 of in is a partnership.
STATE OF MICHIGAN COUNTY OF ST. CLAIR	
I,	, one of the co-partners of the do certify that all co-partners of the firm individually ne and that the place of residence of each co-partner is correct.
Subscribed and sworn to before me this, 20	Signature: (One of the Co-Partners of above named firm) Signature:
	Print: Notary Public State of Michigan, County of St. Clair My Commission expires: