CERTIFICATE OF SOLE PROPRIETORSHIP

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

| Certificate No. | |
|-----------------|--|
| | |
| E1. 1.4. | |
| 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 person 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 St. Clair, State of Michigan, under the name, designation or style set forth below:

| Name of Business(please print): | |
|-----------------------------------|---------|
| Address of Business(No PO Box): _ | |
| City, State, Zip: | |
| | |
| Business Owner's Name: | |
| Home Address(No PO Box): | |
| City, State, Zip: | |
| Phone: | E-mail: |

| STATE OF MICHIGAN COUNTY OF ST. CLAIR | Signature: | |
|--|--------------------------|---|
| On this day of and identified themselves and acknowle | , A.D. 20, the above sig | gner(s) personally appeared before me y signed the above notice. |
| (Notary Public Signa | ture) | |
| (Printed Name) | Notary Public, | County, Michigan. |
| | | |

Mail this form, notarized with the \$10.00 fee to: St. Clair County Clerk, 201 McMorran Blvd, Port Huron MI 48060