CERTIFICATE OF CO-PARTNERSHIP

STATE OF MICHIGAN, }

County of Saginaw THIS CERTIFIES THAT we, whose names are signed herunder in full, are joined in co-partnership under the firm name of State of Michigan. (Give name of town on this line and if you are located in a city or village having street numbers, give your street number) The mailing address of the business: _ ___, (City), (Number and Street) (State) (Zip Code) PRINT OR TYPE NAMES AND ADDRESS OF CO-PARTNERS NAME STREET ADDRESS CITY OR TOWN In Witness Whereof, I have this , made and signed this certificate. STATE OF MICHIGAN, } County of Saginaw one of the co-partners of the said firm of _____ do hereby certify that all co-partners of said firm have herin above individually subscribed their respective names as witnessed by myself, and that the place of each said co-partner as above written is true and correct. (One of the co-partners of above named firm) Subscribed and Sworn to before me this ___ Notary Public, County, Michigan My commission expires: THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK (This portion to be filled in only by the County Clerk) Expiration Date ___ STATE OF MICHIGAN, } County of Saginaw I, Vanessa Guerra, Clerk of the County aforesaid and Clerk of 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 of together 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 of such original Certificate and of said certificate of filing. In Testimony Whereof, I have hereunto set my Hand and affixed the seal of said Circuit Court this Vanessa Guerra, County Clerk. Deputy County Clerk.