

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

|               |  |
|---------------|--|
| Date Received | (FOR BUREAU USE ONLY)  |
| DEC 19 2016   | This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document. |

|                           |             |                   |
|---------------------------|-------------|-------------------|
| Name<br>Sherwood B. Smith |             |                   |
| Address<br>502 5th Street |             |                   |
| City<br>Traverse City     | State<br>MI | ZIP Code<br>49684 |

TranInfo:1 21771525-1 12/16/16  
Chk#: 1064 Amt: \$10.00  
ID: 71268P

EXPIRATION DATE: *2021*  
DECEMBER 31,

**FILED**

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**DEC 29 2016**

**CERTIFICATE OF ASSUMED NAME**  
For use by Corporations, Limited Partnerships and Limited Liability Companies  
(Please read information and instructions on the last page)

ADMINISTRATOR  
CORPORATIONS DIVISION

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the undersigned execute the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:  
TCAPS ALUMNI ASSOCIATION

2. The identification number assigned by the Bureau is: 71268P

3. The assumed name under which business is to be transacted is:  
Friends of TCAPS

4. This document is hereby signed as required by the Act.

**COMPLETE ITEM 5 ON PAGE 3 IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.**

Signed this 8th day of December, 2016

By *Sherwood B. Smith*  
(Signature)

Sherwood B. Smith Treasurer  
(Type or Print Name) (Type or Print Title or Capacity)

*sy*

(Limited Partnerships Only - Indicate Name of General Partner, if the General Partner is a corporation or other entity)