

Prepared By: (Name, Address, City, State, Zip, Phone #)

Return Document To: (Name & Complete Address if different from Preparer Info)

Trade Name

Verified statements of person or co-partnership conducting a business under a trade name or assumed name. (Chapter 547, Code of Iowa) STATE OF IOWA, MARSHALL COUNTY

Name of Person(s) Owning or Having Interest in the Business:

IA

Name Address City Zip

IA

Name Address City Zip

IA

Name Address City Zip

CHECK ONE BOX PER FORM

I (we) in compliance with the provisions of Chapter 547, Code of Iowa, hereby establish or amend Trade Name as follows:

Establish Trade Name

Name of Business

Complete Business Address (Required)

Dissolve Trade Name

Original Book _____ Page _____
Or document # _____

Add/Withdrawal of name(s) of Partner(s)

Name of Business _____ Original Book _____ Page _____
Or document # _____

Change of Address

Business/Home (Circle One) Complete Address

Name of Business _____ Original Book _____ Page _____
Or document # _____

And that there is no one except those mentioned in the foregoing list who owns or has any interest in the above named business. I (we) further certify that a corrected statement will be filed in the future each time there may be any change in ownership, as provided by Section 547.2, Code of Iowa.

X

Printed Name

Signature

Date Signed: _____

X

Printed Name

Signature

Date Signed: _____

X

Printed Name

Signature

Date Signed: _____

Subscribed in my presence and sworn to before me by the said _____
_____ this _____ day of _____,

X _____ Notary Public in and for _____ County, _____