

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, DICKINSON COUNTY,

Names of Person(s) Owning of 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 _____

Add/Withdrawal name(s) of Partner(s) _____
 Name of Business _____ Original Book _____ Page _____

Change of Address _____
 Business / Home (Circle One) _____ Complete Address _____
 Name of Business _____ Original Book _____ Page _____

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 _____ Date Signed: _____
 Printed Name Signature

_____ X _____ Date Signed: _____
 Printed Name Signature

_____ X _____ Date Signed: _____
 Printed Name Signature

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

X _____ Notary Public in and for _____ COUNTY, _____.