

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, CALHOUN COUNTY

Names 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 |

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)

CHECK ONE BOX PER FORM

Trade Name _____ Original Book _____ Page _____

Dissolve Trade Name _____
 Names _____

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

Change of Address _____
 Business / Home (Circle One) Complete Address _____

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: _____

X _____ Date Signed: _____

X _____ Date Signed: _____

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

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