

Prepared by: Individual's Name Street Address City, State, Zip Code Phone

Return Document To: Individual's Name Street Address City, State, Zip Code Phone

Trade Name

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

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

Name	Address	City	IA	Zip
Name	Address	City	IA	Zip
Name	Address	City	IA	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 Document Number _____

Add/Withdraw Name(s) of Partner(s) _____

Name of Business _____ Original Document # _____

Change of Address _____ Complete Address _____

Business Home

Name of Business _____ Original 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.

Printed Name as it appears on Photo ID _____ X _____ X _____ Signature Date Signed

Printed Name as it appears on Photo ID _____ X _____ X _____ Signature Date Signed

Printed Name as it appears on Photo ID _____ X _____ X _____ Signature Date Signed

State of _____ County of _____ ss _____

Subscribed in my presence and sworn to before me on this _____ day of _____.

Notary Public Signature _____ My commission expires: _____ (SEAL)