

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

Return Document To: (Names & 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, LYON COUNTY

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

Name	Address	City	IA	Zip
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Name	Address	City	IA	Zip
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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.

Printed Name	X	Signature	Date Signed:
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Printed Name	X	Signature	Date Signed:
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Subscribed in my presence and sworn before me by said _____

this _____ day of _____, _____

X _____ (seal)

Notary Public in and for the State of _____ County of _____