

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
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 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: \_\_\_\_\_

\_\_\_\_\_  
Printed Name X \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

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 \_\_\_\_\_