

Prepared By & Return To:

Name

Address City State Zip Phone #

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, ADAMS COUNTY,

Names of person(s) owning or having interest in the business:

Name	Address	City	IA State	Zip
_____ Name	_____ Address	_____ City	IA State	_____ Zip
_____ Name	_____ Address	_____ City	IA State	_____ Zip
_____ Name	_____ Address	_____ City	IA State	_____ Zip
_____ Name	_____ Address	_____ City	IA State	_____ 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 Business Address

Name of Business: _____ Original Book: _____ Page: _____

And that there is no one except those mentioned in the foregoing list that 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: _____

Printed Name X _____
Signature Date Signed: _____

Printed Name X _____
Signature Date Signed: _____

Subscribed in my presence and sworn to before me by the said _____
Name(s) as they appear on ID(s)

this _____ day of _____ . X _____
Notary Signature

Notary Public in and for **ADAMS** County,
Iowa.

