

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, BOONE 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:

<input type="checkbox"/>	Establish Trade Name	Name of Business	
		Complete Business Address (Required)	
<input type="checkbox"/>	Dissolve Trade Name		
	Original Book	Page	
<input type="checkbox"/>	Add/Withdrawal name(s) of Partner(s)		
	Name of Business	Original Book	Page
<input type="checkbox"/>	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:
Printed Name	X	Signature	Date Signed:

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

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