

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 of 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/Withdraw 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, _____.