

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

Return Document to: (Name, Address, City State, Zip)

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, WARREN COUNTY

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

Name	Address	City	State	Zip

Name	Address	City	State	Zip

Name	Address	City	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 (Physical address required)

Dissolve Trade Name _____

Original Book _____ Page _____

Add/Withdrawal name(s) of Partner(s) _____

Name of Business _____ Original Book _____ Page _____

Change of Address (Home/Business) _____

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 changes 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, _____