

Prepared By and Return to (Name, Address, City, State, Zip, Phone #): _____

TRADENAME

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, _____ County.

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

Name Address City IA Zip Code

Name Address City IA Zip Code

Name Address City IA Zip Code

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:

DISSOLVE TRADE NAME:

ADD/WITHDRAWAL NAME(S) OF PARTNER(S):

CHANGE OF ADDRESS:

Name of Business

Complete Business Address (Required) Business Home

Original Book: _____ Page: _____ OR Document Number: _____

Name(s) of Partner(s):

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 Signature Date Signed: _____

Printed Name Signature Date Signed: _____

Printed Name 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 _____, _____.
Notary Public in and for _____ County, Iowa. Notary Signature and Notary Seal

