_____

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, POLK COUNTY,

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

_____IA_____

Name Address City Zip

_____IA_____

Name Address City Zip

_____IA_____

Name Address City 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 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.

_____X _____ Date Signed**:** _____

Printed Name Signature

_____X _____ Date Signed**:** _____

Printed Name Signature

_____X _____ Date Signed**:** _____

Printed Name Signature

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

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