

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, ~~POWELL 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:

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.

\_\_\_\_\_  
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, \_\_\_\_\_.