

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