

Prepared by: \_\_\_\_\_  
(name, address, city, state, zip and phone number)

Return document to: \_\_\_\_\_  
(name, address, city, state and zip)

## Trade Name

Verified statement of person or co-partnership conducting a business under a trade name or assumed name. Code of Iowa, Chapter 547.  
STATE OF IOWA, WASHINGTON COUNTY.

Name 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 Number \_\_\_\_\_

**Add/Withdraw Name(s) of Partner(s)** \_\_\_\_\_  
Name of Business \_\_\_\_\_ Original Fee Book# \_\_\_\_\_

**Change of Address** \_\_\_\_\_  
Business/Home (Circle One) Complete Address  
Name of Business \_\_\_\_\_ Original Fee Book# \_\_\_\_\_

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 X Date Signed

\_\_\_\_\_  
Printed Name X Signature X Date Signed

\_\_\_\_\_  
Printed Name X Signature X Date Signed

Subscribed in my presence and sworn to before me by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_.

X \_\_\_\_\_ Notary Public

In and for \_\_\_\_\_ County, \_\_\_\_\_.