Prepared By: (Name, Add			
Return Document To: (Na	me & Complete Address if different f	rom Preparer Info)	
	Tra	ade Name	
ified statements of person or collowA, KOSSUTH COUNTY,	p-partnership conducting a business	under a trade name or assumed name.	(Chapter 547, Code of Iowa) STATE
nes of Person(s) Owning or Ha	ving Interest in the Business:		
			IA
Name	Address	City	Zip
			IA
Name	Address	City	Zip
	CHECK	ONE BOX PER FORM	
e) in compliance with the provi	sions of Chapter 547, Code of Iowa,	hereby establish or amend Trade Name	e as follows:
Establish Trade Name		Name of Business	
		Name of Business	
_	Complete B	usiness Address (Required)	
Dissolve Trade Name			
Original Book	Page	<u></u>	
Add/Withdrawal name(s) o	f Partner(s)		
Name of Business		Original Book	Page
Change of Address			
Business / Home (Circle One	9)	Complete Address	
Name of Business		Original Book	Page
that there is no one except the	ose mentioned in the foregoing list w	ho owns or has any interest in the above	e named business. I (we) further certify th
		ny change in ownership, as provided by	
	X	Date Si	gned:
Printed Name	Sig	nature	
Printed Name	X	Date Si	gned:
Printed Name	Sig	nature	
riiilea Naiile			