

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, CRAWFORD COUNTY.

Name 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 Instrument Number _____

Add/Withdraw Name(s) of Partner(s) _____

Name of Business _____ Original instrument# _____

☐ Change of Address _____
Business/Home (Circle One) Complete Address
Name of Business _____ Original Instrument# _____

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	_____	X
Printed Name	Signature		Date Signed
_____	X	_____	X
Printed Name	Signature		Date Signed
_____	X	_____	X
Printed Name	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, _____.