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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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Verified statements of person or co-partnership conducting a business under trade name or assumed name. (Chapter 547, Code of lowa) State of lowa, MAGISD County. Name of Person(s) Owning or Having interest in the Business: City State Zip Name Address City State Zip Name I with the provisions of Chapter 547, Code of lowa, hereby establish or amend Trade Name as follows: Vestablish Trade Name Andress Address (Required) Complete Business Address (Required) Complete Business Address (Required) Dissolve Trade Name: Original Book Page Add/Withdrawal name(s) of Partner(s) Name of Busines Change of Address Dusiness/ Home (Circle One) Name of Busines Complete Address Original Book Page Signature Date Signed: Page Date Signature Name Of Busines Address Signature Date Signature Date Signature Date Signature Date Signature Date Signed: Date Signed: Date Signed: Date Signed: Date Signed: Date Signed: Date Signature Date Signed: Date Signature Date Signed: Date Signed		trade N			515-94
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