



Document 2023 892

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Date 4/28/2023 Time 1:25:31PM

Rec Amt \$7.00

INDX
ANNO
SCANBRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

SIS-985-8687

Prepared By: (Name, Address, City, State, Zip, Phone #)
Michael Elings 3045 200th Trail prole IA 50229Return Document To: (Names & Address if different from Preparer Info)
Same

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, MADISON COUNTY

Name of Person(s) Owning or Having Interest in the Business:

Michael Elings 3045 200th Trail prole IA 50229
Name Address City ZipX James Moss 250 N 4th St Patterson IA 50218
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:

X Establish Trade Name Jim Tree Care
3045 200th Trail prole IA 50229
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.

Michael Elings x [Signature] Date Signed: 4-28-23
Printed Name SignatureJames Moss x [Signature] Date Signed: 4-28-23
Printed Name SignatureSubscribed in my presence and sworn before me by said Jessica Aldridge
this 28 day of April, 2023.Notary Public in and for the State of Iowa County of Madison