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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

✓ Travis Strable, 3227 272<sup>nd</sup> LN, St. Charles, IA 50240 (515) 419-9718

Prepared By: (Name, Address, City, State, Zip, Phone #)

Return Document To: (Name & Complete Address if different from Preparer Info)

### 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.

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

<u>Travis Strable</u>	<u>3227 272<sup>nd</sup> LN</u>	<u>St. Charles</u>	<u>IA</u>	<u>50240</u>
Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

I (we) in compliance with the provisions of Chapter 547, Code of Iowa, hereby establish or amend Trade Name as follows:

Establish Trade Name Adaptive Wildlife Management  
 Name of Business  
3227 272<sup>nd</sup> LN St. Charles, IA 50240  
 Complete Business Address (Required)

Trade Name \_\_\_\_\_ Original Book \_\_\_\_\_ Page \_\_\_\_\_

Dissolve Trade Name \_\_\_\_\_

Add/Withdrawal name(s) of Partner(s) \_\_\_\_\_  
Name(s)

Change of Address \_\_\_\_\_  
Business / Home (Circle One) Complete Address

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 Travis Strable Date Signed: 7-26-10

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Subscribed in my presence and sworn to before me by the said Travis Strable  
this 26 day of July 2010.

X [Signature] Notary Public in and for Madison COUNTY, IA.

