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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON IOWA

CHEK

Prepared By: (Name, Address, City, S	u. 2337 (tate, Zip, Phone #)	JUSTASPELING SOLL	harles 52	515- 9 799
Return Document To: (Name & Comp	lete Address if different from	m Preparer Info)		
	Trad	e Name	· ·	
Verified statements of person or co-partnership IOWA.: Madison County.		-	(Chapter 547, Code of	lowa) STATE OF
Names of Person(s) Owning of Having Interest		1 - 1		
John Wulker Name	Address O'n	age have St Chall	IA S	と Zlp
Sharm Wilker		ane	IA	
Name	Address	City		ZIÞ
Name	Address	City	И	Zip
Establish Trade Name Prop	Name Complete Busine	of Business d Charles TH 5 ess Address (Required)	DS AO (L'H'H'	[Club]
Trade Name		Original Book	Page_	
Dissolve Trade Name				W
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 mentione	ed in the foregoing list who	Complete Address owns or has any interest in the above	e named business. I (v	we) further cartify that a
corrected statement will be filed in the future er	ach time there may be any o	change in ownership, as provided by	Section 547.2, Code o	f lowa.
x hand will	<u> </u>	Date Signed:	3-13.09	
X		Date Signed:		
х		Date Signed:		
Subscribed in my presence and sworn to this 13 day of March	before me by the said	Shavon Walle	ev	
X Linda II Wette	Notary Pu	eblic in and for <u>Madison</u>	COUNTY,	Lowa.

