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I NDXI ANNO SCAN

LISA SMITH. COUNTY RECORDER MADISON 10WA

CHEK

			519	5-462-1159
	Brenda Hair	903 W. J.	efferson St Winter	RELIA 50273
	Prepared By: (Name, Address, Ch	ty, State, Zip, Phone #)	amo,	
	Return Document To: (Name & C	complete Address if different for	rom Preparer Info)	
			le Name	
Verif IOW	ied statements of person or co-partner A: Madison County.	ship conducting a business un	nder a trade namé or assumed name. (Ch	apter 547, Code of Iowa) STATE OF
Nam	es of Person(s) Owning of Having Inte	rest in the Business:	00	,
	Brenda Hair	903 W. Je Address	fferson st Winterso	A 50273
	Name	Address	City	LA Zip
	(4m)in	1 404, 444	J.,	IA
	Name	Address	City	Zip
I (we	e) in compliance with the provisions of	Chapter 547, Code of lows, h	ereby establish or amend Trade Name as	follows:
	Establish Trade Name			
	C		ne of Business on St. Wintersct, I	A 5073
			ness Address (Required)	1. 00.0
Tra	ide Name		Original Book	Page
Tra	de Name			Page
_	Dissolve Trade Name			Page
<u>_</u>				Page
<u>_</u>	Dissolve Trade Name Add/Withdrawal name(s) of Par Change of Address		Name(s)	Page
	Add/Withdrawal name(s) of Par Change of Address Business / Home (Circle One)	tner(s)	Name(s) Complete Address	
	Add/Withdrawal name(s) of Par Change of Address Business / Home (Circle One) that there is no one except those mentered statement will be filed in the future	tioned in the foregoing list white each time there may be an	Name(s)	armed business I (up) further contifuely
	Add/Withdrawal name(s) of Par Change of Address Business / Home (Circle One) that there is no one except those ment	tioned in the foregoing list white each time there may be an	Name(s) Complete Address o owns or has any interest in the above nay change in ownership, as provided by Se	armed business I (up) further contifuely
	Add/Withdrawal name(s) of Par Change of Address Business / Home (Circle One) that there is no one except those mentered statement will be filed in the future	tioned in the foregoing list white each time there may be an	Name(s) Complete Address o owns or has any interest in the above nay change in ownership, as provided by Se	amed business. I (we) further certify the
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And com	Add/Withdrawal name(s) of Par Change of Address Business / Home (Circle One) that there is no one except those ment exted statement will be filed in the futur Change of Address Business / Home (Circle One)	tioned in the foregoing list white each time there may be any	Name(s) Complete Address Downs or has any interest in the above not your change in ownership, as provided by Se Date Signed: Date Signed: Date Signed:	amed business. I (we) further certify the
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