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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

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Verified stateme	ents of person or co-partn Son County.	I Fad ership conducting a business und	e Name der a trade name or assume	d name. (Cha	apter 547, Code of le	owa) STATE OF
Names of Perso	on(s) Owning of Having In	iterest in the Business:				
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Change	of Address		, , , , , , , , , , , , , , , , , , , ,			
_	/ Homa (Circle One)		Complete Addres	<u> </u>		
And that there is corrected states	s no one except those mo ment will be filed in the fu	entioned in the foregoing list who ture each time there may be any	owns or has any interest in change in ownership, as pro	the above na	med business. I (we tion 547.2, Code of	a) further certify that a lowa.
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