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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Krystal Chambers 1506 W South St Winterset IA 50273
Prepared By: (Name, Address, City, State, Zip, Phone #)

SAME

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>Krystal Chambers</u> Name	<u>1506 W South St</u> Address	<u>Winterset</u> City	<u>IA</u>	<u>50273</u> Zip
<u>Charles Chambers</u> Name	<u>SAME</u> Address		<u>IA</u>	
			<u>IA</u>	
				<u>Zip</u>

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

Establish Trade Name Giggles Child Care
Name of Business
1506 W South St Winterset IA 50273
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 [Signature] Date Signed: 12-15-10
X [Signature] Date Signed: 12-15-10
X _____ Date Signed: _____

Subscribed in my presence and sworn to before me by the said Krystal & Charles Chambers
this 15 day of December 2010

X Jean Welch Notary Public in and for Madison COUNTY, Iowa

