

Book 2011 Page 3140 Type 06 005 Pages 1 Date 11/22/2011 Time 12:52 PM Rec Amt \$7.00

INDX L ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

	Prepared By: (Name, Addr	ess, City, State, Zip, Phone #	07 E Filmor SIS	e St. Winterset
	Return Document To: (Nan	ΩM € ne & Complete Address if diffe	erent from Preparer Info)	
_			Trade Name	
Verif	fied statements of person or co- 'A, POLK COUNTY,	-partnership conducting a bus	iness under a trade name or assumed name	ne. (Chapter 547, Code of Iowa) STATE C
		ving Interest in the Business:		luista - at
D	prothy M. T	: Welsch 1	07 E Filmore	St. IA IA SOG
- •	Name	Address	City	, Zip
	Name	Address	City	IA Zip
				IA
	Name	Address	City	Zip
			HECK ONE BOX PER FORM*	
) (we	e) in compliance with the provisi	ions of Chapter 547, Code of	lowa, hereby establish or amend Trade Na	me as follows:
,_	Establish Trade Name	oromy we	Name of Business	Trement Solution
	107 E F	-ilmore 5-	Isch DBA Re- Name of Business H. Winterset, ete Business Address (Required)	IA 50273
			oto Basinoso / tadress (i taquinos)	
	Original Book			
	Add/Withdrawal name(s) of	Partner(s)		
	Name of Business		Original Book	Page
ш	Change of Address Business / Home (Circle One)		Complete Address	
	Name of Business		Original Book	Page
<u>-</u>		se mentioned in the foregoing he future each time there may	list who owns or has any interest in the ab	ove named business. I (we) further certify by Section 547.2, Code of Iowa.
And to	that there is no one except thos ected statement will be filed in the	/^ \		
And corre	ected statement will be filed in the	/// /	hym.7. Welfor Date	Signed: //- 2/-/)
And corre	ected statement will be filed in the	15ch x Churt	Signature Date	
And corre	ected statement will be filed in the	/// /	·	Signed: //- 2/-/)
And corre	Printed Name	15ch x Churt	Date	
	Printed Name Printed Name	15ch x Paut x_x_	Signature Date Signature	Signed:
Subs	Printed Name Printed Name	Sch x L W T	Date	Signed:
Subs	Printed Name Printed Name Printed Name Printed Name	x x x x x x x x x x x x x x x x x x x	Signature Date Signature Signature Paid Dotothy M.	Signed:
Substhis	Printed Name Printed Name Printed Name Printed Name	x x x x x x x x x x x x x x x x x x x	Signature Date Signature Signature Paid Dotothy M.	Signed:
Substhis	Printed Name Printed Name Printed Name Printed Name	x x x x x x x x x x x x x x x x x x x	Signature Date Signature Signature Paid Dotothy M.	Signed:
Substhis	Printed Name Printed Name Printed Name Printed Name	x x x x x x x x x x x x x x x x x x x	Signature Date Signature Signature Paid Dotothy M.	Signed:
Substhis	Printed Name Printed Name Printed Name Printed Name	x x x x x x x x x x x x x x x x x x x	Signature Date Signature Signature Paid Dotothy M.	Signed: Signed: T. LUCISC N COUNTY, ICLUS