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Book 2014 Page 1245 Type 06 005 Pages 1
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INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Michael Elings 3045 200th Trail Prole IA 50229
Prepared By: (Name, Address, City, State, Zip, Phone #)

Same 515.318.9634
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, POLK COUNTY,

Names of Person(s) Owning or Having Interest in the Business:

Michael Elings 3045 200th Trail prole IA 50229
Name Address City Zip

IA
Name Address City Zip

IA
Name Address City Zip

***CHECK ONE BOX PER FORM***

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

☒ **Establish Trade Name** 18 Wheels Transportation
Name of Business

Complete Business Address (Required)

☐ **Dissolve Trade Name** _____

Original Book _____ Page _____

☐ **Add/Withdrawal name(s) of Partner(s)** _____

Name of Business _____ Original Book _____ Page _____

☐ **Change of Address** _____
Business / Home (Circle One) Complete Address

Name of Business _____ Original Book _____ Page _____

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.

Michael Elings X _____ Date Signed: 5.29.14
Printed Name Signature

_____ X _____ Date Signed: _____
Printed Name Signature

_____ X _____ Date Signed: _____
Printed Name Signature

Subscribed in my presence and sworn to before me by the said Michael A. Elings
this 29 day of May 2014.

X _____ Notary Public in and for Madison COUNTY, Iowa.

NOTARIAL SEAL IOWA
JESSICA ALDRIDGE
Commission Number 768383
My Commission Expires
10-9-14