

Book 2014 Page 1903 Type 06 005 Pages 1 Date 8/01/2014 Time 2:16 PM Rec Amt \$7.00 IND

INDX / ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

DAWN	<i>y=1</i> 11 = 1	, 2321 TIMBER RI	DGE AVENUE, ST. CHARLES, I	TOWA, 50240, (515)-423-4288
	pared By: (Name, A	ddress, City, State, Zip, Phone #)	
SAME Reti	ırn Document To: (N	Name & Complete Address if diffe	erent from Preparer Info)	
	· · · · · · · · · · · · · · · · · · ·			
	ements of person or K COUNTY,	co-partnership conducting a bus	Trade Name siness under a trade name or assumed name	e. (Chapter 547, Code of Iowa) STATE OF
lames of Po	erson(s) Owning or	Having Interest in the Business:		
DAWN	Larson	2321 TIMBER RIDER	E AVENUE ST. CHARLES	IA 50240
_	Name	Address	City	Zip
DAVID	KAMP	2321 TIMBER RIDGE	AVENUE ST. CHARLES	IA 50240
	Name	Address	City	Zip
	Name	A	C:h.	IA
	·Name	Address	City	Zip
		C	HECK ONE BOX PER FORM	
	npliance with the pro	visions of Chapter 547, Code of	Iowa, hereby establish or amend Trade Nan	ne as follows:
Estab	ish Trade Name _	DAYHEN FARM		
225	. T	Disco Aco sum	Name of Business	ıln
232	1 /IMBER	KIDGE AVENUE Comp	ST. CHARLES, FOWA 502 lete Business Address (Required)	.40
] _{Diago}	hio Trada Nama	·	(
				A CONTRACTOR OF THE CONTRACTOR
		Page		
— Add∕M	/ithdrawal name(s)	of Partner(s)		
Name	of Business		Original Book	Page
	ge of Address	ene)	Complete Address	
	•	nie)	·	Page
name	of Business		Original Book	Page
nd that the	re is no one except	those mentioned in the foregoing	g list who owns or has any interest in the abo	ove named business. I (we) further certify that
orrected st	atement will be filed	In the future each time there ma	y be any change in ownership, as provided I	
THM.	Printed Name	x y	Signature Date	Signed: 8 1 0014
			_	0/ /
DAVID	KAMP Printed Name	XX	Signature	Signed: 8/1/2014
	Printed Name	X	Signature Date	Signed:
ubscribed	l in my presence	md sworn to before me by th	gsaid Dawn Larson -	- David Kamp
		1/1	i Notary Public in and for	MCOUNTY, Ja.
(
		RKREAN		