

Book 2014 Page 2627 Type 06 005 Pages 1 Date 10/20/2014 Time 8:01 AM Rec Amt \$7.00

► INDX ANNO

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

Prepared By: (Name, A	ddress, City, State, Zip, Phone #)	330 th ST Loumon	
Return Document To: (f	Name & Complete Address if diffe	erent from Preparer Info)	515-70 <b>5</b> -903
Trade Name erified statements of person or co-partnership conducting a business under a trade name or assumed name. (Chapter 547, Code of Iowa) STATE OF WA, POLK COUNTY,			
arnes of Person(s) Owning or	Having Interest in the Business:	<u></u>	
Perry Bounts	ager 1934 3 Address	30th ST Louiner	IAIA
Name	Address	City	IAZip
Name	Address	City	IAZip
· · · · · · · · · · · · · · · · · · ·	*CH	HECK ONE BOX PER FORM*	
we).in compliance with the pro	ovisions of Chapter 547, Code of I	lowa, hereby establish or amend Trade Nar	me as follows:
<i>1934</i>	330 + 57 Comple	Name of Business  Loumor IA ete Business Address (Required)	50149
Original Book	Page	<del></del>	
Add/Withdrawal name(s)	of Partner(s)		
Name of Business		Original Book	Page
Change of Address Business / Home (Circle C	ne)	Complete Address	
Name of Business		Original Book	Page
rrected statement will be filed	in the future each time there may	be any change in ownership, as provided	ove named business. I (we) further certify t by Section 547.2, Code of Iowa. Signed: 10-17-14
Printed Name	x	Signature Date	Signed:
Printed Name	X	Signature O	Signed:
	and sworn to before me by the 2014	$\nu_{\bullet}$ . $\nu_{\bullet}$	COUNTY, DA

JANA S. CORKREAN
Commission Number 740088
My Commission Expires