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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

Pam Grandstaff St. Charles, Iowa 50240 515-468-1546

Prepared By: (Name, Address, City, State, Zip, Phone #)

Pam Grandstaff 3205 220<sup>th</sup> St. St. Charles, Ia 50240

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:

Pam Grandstaff 3205 220<sup>th</sup> St. St. Charles 50240

Name Address City IA Zip

Name Address City IA Zip

Name Address City IA 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 Color Perfection Painting  
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.

Pam Grandstaff x Pam Grandstaff Date Signed: 9-25-2015  
Printed Name Signature

\_\_\_\_\_  
Printed Name Signature Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name Signature Date Signed: \_\_\_\_\_

Subscribed in my presence and sworn to before me by the said  
this 25 day of September 2015.

x Ragan Eshelman Notary Public in and for Polk COUNTY, Iowa

