Document 2017 1792

Book 2017 Page 1792 Type 06 005 Pages 2 Date 6/09/2017 Time 9:16:20AM Rec Amt \$12.00 IND

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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Tified statements of person or co-partnership conducting a bus 10WA, MADISON COUNTY.	rade Name siness under a trade name or assumed	name. (Chapter 547, Code of Iowa) ST.
ames of Person(s) Owning or Having Interest in the Business:		
Daryle Cloyd Johnson 220 W was	hington St Winter	set IA So273 Zip
nton Starr Johnson 812 Husky Name Address	Or Winterset	IA So 2 73 Zip
Name Address	City City	IA 50273 Zip
Name Johnson 312 Hushy D	city	IA 50273 Zip
Name Albert Johnson 812 Hushy P	Or, Wintersut City	IA 90 973 Zip
CHECK	ONE BOX PER FORM	
e), in compliance with the provisions of Chapter 547, Code of lowa,	hereby establish or amend Trade Name	as follows:
Establish Trade Name Outreach In	finity	
220 W Washington	Name of Business	IA 50273
Gemplete Bi	St. Winterect usiness Address (Required)	, 21. 00,47
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
		<u> </u>
that there is no one except those mentioned in the foregoing list whetere is no one except those mentioned in the foregoing list whetere may be are	ho owns or has any interest in the above	named business. I (we) further certify tha
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Printed Name X DAM	hature Date Sig	ned: 0/6/2017
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centon Star Johnson x	Date Sign	ed: 06/08/2017
Printed Name ; Sign		
XX	Date Sign	ed:
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and the distribution of the second	A Jal Tobacom Tana	Timore I more I More
scribed in my presence and sworn to before me by the said	Daryle L. Johnson, Trever L.	

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County of Modison ss. CE	ERTIFICATE OF ACKNOWLEDGMENT
On this 6th day of Jule , 2017, before	me. Teresu A. Gambrall
the undersigned notary public, personally appeared_	Daniel P. Milliaun
personally known to me - or -	Printed Name(s) of Signer(s)
proved to me on the basis of satisfactory evidence:	
form(s) of identification	
to be the person(s) whose name(s) is/are subscribed to the he/she/they executed the same voluntarily for the purpose (within instrument and acknowledged to me that
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WIII	NESS my hand and official seal. $M = M = M$
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☐ form(s) of identification credible witness(es) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same voluntarily for the purpose expressed therein. WITNESS my hand and official seal. JERROLD B. OLIVER Commission Number 201442 My Commission Expires August 26, 2018