

Book 2018 Page 1230 Type 06 005 Pages 1 Date 4/20/2018 Time 11:48:58AM Rec Amt \$7.00 IND

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

Prepared By: (Name, Address, City, State, Zip, Phone #) Same 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.											
						Nan	es of Person(s) Owning or Having Interest	in the Business:			
						1	Sugra Scott 2 Name Addre	687 Hom	estead Ave, Lu	interset I	A 50273
	Name Addre	ss	City	IA	Zip						
	Name Addre	ss	City	IA	Zip						
		CHECK	ONE BOX PER FORM		· · · · · · · · · · · · · · · · · · ·						
	Establish Trade Name	_ Page	Name of Business Light Condition Siness Address (Required)	IA 503	73						
_	Add/Withdrawal name(s) of Partner(s)										
	Name of Business Change of Address Business / Home (Circle One)		Complete Address	r	-age						
			Original Book	F	Page						
And	that there is no one except those mentione ected statement will be filed in the future early frinted Name Printed Name ;	ch time there may be an	ny change in ownership, as providi Nature Danature	above named business. ed by Section 547.2, Coo ste Signed:	of lowa.						
	Printed Name	XSign	nature Da	ite Signed:							
Sub this	scribed in my presence and sworn to b	pefore me by the said			Inca.						

