



Document 2019 1213

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INDX  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

✓ April Johnston 1344 210<sup>th</sup> St Winterset IA 50273  
Prepared By: (Name, Address, City, State, Zip, Phone #) 515 468 3761

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.

Names of Person(s) Owning or Having Interest in the Business:

April Johnston 1344 210<sup>th</sup> St Winterset IA 50273  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State 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 A & J vending  
Name of Business  
1344 210<sup>th</sup> St Winterset IA 50273  
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.

April Johnston X [Signature] Date Signed: 4/29/19  
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 April Dawn Johnston  
this 29<sup>th</sup> day of April 2019.

X [Signature] Notary Public in and for Madison COUNTY, Iowa.

