Prepared By & Return To: (Name, Address, City, State, Zip, Phone #) 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 OWA, WOODBURY COUNTY				
Name	Address	City	IAZip	
Name	Address	City	IAZip	-
_		CK ONE BOX PER FORM* bwa, hereby establish or amend Trade Nar Name of Business	ne as follows:	
	Complet	e Business Address (Required)		
Dissolve Trade Name Original Book	MACO			
	Partner(s)	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 thos corrected statement will be filed in the	se mentioned in the foregoing li ne future each time there may b	st who owns or has any interest in the above any change in ownership, as provided b	ove named business. I (we) further certify y Section 547.2, Code of Iowa.	that a
	X		Date Signed:	
Printed Name	X	Signature	Date Signed:	
Printed Name		Signature	-	
Subscribed in my presence a	and sworn to before me	by the said	this d	ay o
		Notary Public in and for		