

Use black ink

REGISTRATION OF FIRM NAME AMENDMENT

STATE OF WISCONSIN, COUNTY OF _____

_____, being first duly sworn
deposes and says that he/she recorded a Registration of Firm Name document
for the firm doing business under the name of: _____

recorded on (date) _____ as document number
_____ in volume _____ (if any)
and page _____ (if any). The Registration of Firm Name is hereby
amended to: (state change) _____

Name and return address:

Use the boxes below if applicable:

NAME	RELATIONSHIP TO THE BUSINESS	ADDRESS

Application is hereby made to amend such firm name recorded with the Register of Deeds.

Signature Date Signature Date

Print name Print name

STATE OF WISCONSIN, County of _____

This document was drafted by:
(print or type name below)

Subscribed and sworn to before me on _____ by the above named
person(s): _____

Signature of notary or other person authorized to administer an oath (as per s. 706.06, 706.07)

*Names of persons signing in any
capacity must be typed or printed
below their signature.
WRDA 10/11/2005

Print or type name: _____

Title _____ Date commission expires: _____