Use BLACK Ink REGISTRATION OF FIRM NAMES

STATE OF WISCONSIN, COUNT	Y OF		
	, be	eing first duly swo	orn
deposes and says that he/she is _ of the firm doing business under the	ne name of:		<u> </u>
and located at:			
	and	that such firm is	
(check one) sole trader	co-partnership 🗌 asso	ciation	Name and return address:
engaged in the business of			
and that the only persons interested name are the following:	•	_	ch
NAME	RELATIONSHI BUSINE	_	ADDRESS
Application is hereby made complying with the requirem			Register of Deeds for the purpose of sin Statutes.
Signature	 Date	Signature	e Date
Print name		Print name	
This document was drafted by: (print or type name below)	STATE OF WISCONSIN, County of		
	Subscribed and sworn to before me onby the above named person(
	Signature of notary or other person authorized to administer an oath (as per s. 706.06, 706.07		
	Print or type name: _		
*Names of persons signing in any capacity must be typed or printed below their signature.	TitleDate commission expires:		