

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) \_\_\_\_\_

Recording area

Name and return address:

Empty box for recording area details.

Use the boxes below if applicable:

Table with 3 columns: NAME, RELATIONSHIP TO THE BUSINESS, ADDRESS. Three empty rows for data entry.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Print name \_\_\_\_\_

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)

Print or type name: \_\_\_\_\_

Title \_\_\_\_\_ Date commission expires: \_\_\_\_\_

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