REGISTRATION C	DF FIRM NAMES	
DOCUMENT NO. STATE OF WISCONSIN COUNTY OF LACROSSE		
	_ , being first duly sworn deposes and says	
That he/she is		
of		
and located at	and	
that such firm is a \square (sole trader) \square (co-partners)	hip) (association) engaged in the business of	RECORDING AREA RETURN TO:
and that the only persons interested financially in such	; n business or using such name are the following:	
<u>NAME</u>	RELATION TO BUSINESS	ADDRESS
Application is hereby made to register such of complying with the requirement of section		LaCrosse County, Wisconsin for the purpose
Signature	Signature	
Type or Print Name	Type or Print Name	
	AUTHENTICATION The above named person(s) was sworn to (date)	or ACKNOWLEDGEMENT
This document was drafted by (print or type name below)	Signature of rotary or other person authorized to administer an oath (as per s. 706.06, 706.07)	
	Print or type name	
	State of Wisconsin, County of	
	Title Date com	mission expires