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:

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*

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

*Names of persons signing in any capacity must be typed or printed below their signature.

WRDA 10/11/2005

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: _____.

THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.