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REGISTRATION OF FIRM NAMES

STATE OF WISCONSIN, COUNTY	OF			
	, being	first duly sworn		
deposes and says that he/she is				
of the firm doing business under the	name of:			
and located at:				
	and that such firm is a		Recording area	
(circle one) sole trader co-pa	ruiersiiip association	engaged	Name and return address:	
in the business of		and that the	Traine and retain address.	
	a qualificação or uning que			
only persons interested financially in	i such business or using such	on name are the		
following:				
NAME	RELATIONSHIP TO THE BUSINESS		ADDRESS	
	Boom			
Application is hereby made to register requirement of section 134.17 of the N Signature		egister of Deeds fo	r the purpose of complying with the Date	
		C		
Print name	name			
This document was drafted by: (print or type name below)	STATE OF WISCO	STATE OF WISCONSIN, County of		
(print or type hame below)	Subscribed and sworn to before me onperson(s).		by the above named	
*Names of persons signing in any capacity must be typed or printed	Signature of notary or other person authorized to administer an oath (as per s. 706.06, 706.07)			
below their signature. WRDA 12/20/2001	Print or type name:			
	Title Date commission expires:			