Use black ink

REGISTRATION OF FIRM NAMES

STATE OF WISCONSIN, COUNTY OF	RACINE,	-		
		being first		
duly sworn deposes and says that he/sl		_		
of	the firm doing b	usiness under the name		
of:				
		and located at:		
			Recording an	ea abo
		and	Name and return address:	
that such firm is a \square Sole trader \square	Co-partnership	☐ Association		
engaged in the business of				
financially in such business or using such	ch name are the	following:		
NAME	RELATION	SHIP TO THE BUSINESS	ADDRESS	
Application is hereby made to register s		_	for the purpose of complying with the	
requirement of section 134.17 of the Wi	sconsin Statutes			
Signature		Signature		_
Print name		 Print name		_
		Time name		
		STATE OF WISCONSIN, County of		
This document was drafted by: (print or type name below)		Subscribed and sworn to before me onby the above named person(s).		_by
			er person authorized to administer an oath	
		(as per s. 706.06, 706.07)		
*Names of persons signing in any capacity must be typed or printed				_
below their signature. WRDA 12/20/2001				
· ··· 		Print or type name:		-
		Date commission expires:		