



MATT SCHULTZ
Secretary of State
State of Iowa

FICTITIOUS NAME RESOLUTION

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

I, _____, certify that I am the [secretary - ch. 490 and 504],
 [general partner - ch. 488], [authorized person - ch. 489 and 524], [presiding officer of the board of directors or other association
 officer - ch. 499], or [officer - ch. 501A] of _____, a business entity subject to the provisions of:
(name of business entity)

- Iowa Business Corporation Act (profit corporation - *Iowa Code* ch. 490)
- Revised Nonprofit Corporation Act (nonprofit corporation - *Iowa Code* ch. 504)
- Revised Uniform Limited Liability Company Act (*Iowa Code* ch. 489)
- Iowa Uniform Limited Partnership Act (*Iowa Code* ch. 488)
- Cooperative Associations (*Iowa Code* ch. 499)
- Cooperative Associations (*Iowa Code* ch. 501A)
- Iowa Banking Act (*Iowa Code* ch. 524 - requires approval of Iowa Division of Banking)

and I also certify that:

the following is a true and correct copy of a resolution adopted on the _____ day of _____, _____.

Signature: _____

(Type or print name & title)

RESOLVED, that the business entity adopts the name:

_____ ,

under which it may operate in Iowa, that the secretary (ch. 490 and 504), an authorized person (ch. 489 and 524), general partner (ch. 488), presiding officer of the board of directors or other association officer (ch. 499), or officer (ch. 501A) of the business entity is authorized to certify a copy of this resolution and is directed to deliver the copy of the resolution to the Secretary of State of Iowa for filing.

NOTES:

1. The filing fee is \$5.00. Make checks payable to SECRETARY OF STATE.
2. The information you provide will be open to public inspection under *Iowa Code* chapter 22.11.

SECRETARY OF STATE
 Business Services Division
 Lucas Building, 1st Floor
 Des Moines, Iowa 50319
 Phone: (515) 281-5204
 FAX: (515) 242-5953
 Website: sos.iowa.gov