

PUBLIC NOTICE

NOTICE OF DISSOLUTION

TO ALL PERSONS INTERESTED AND CLAIMANTS OF Alternative Treatment Associates will cease all further operation and business on September 30, 2019.

All persons with claims against Alternative Treatment Associates must present them as follows:

1. The claim must include the name of the claimant, the address of the claimant, the telephone number of the claimant, the amount claimed, the date the claim was incurred, and the detailed basis for said claim. The claim must be accompanied by all written evidences of said claim, including, but not limited to, invoices, leases, notes and documents evidencing security interests.

2. Claims must be addressed and mailed postage prepaid to Alternative Treatment Associates, c/o C. Sue Mueller, PO Box 400, Postville, Iowa 52162.

3. NOTWITHSTANDING FILING OF THE CLAIM, ANY CLAIM AGAINST ALTERNATIVE TREATMENT ASSOCIATES WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN THREE (3) YEARS AFTER THE PUBLICATION OF THIS NOTICE.

Alternative Treatment Associates
By: /s/ C. Sue Mueller

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