Certificate of Cancellation of TRADE NAME

To: Burlington Town Clerk
200 Spielman Highway
Burlington, CT 06013

The purpose of this Document is to cancel the following TRADE NAME:

Full Name of Business: _____

Post Office Address: _____

_____

Signed: _____

Title: _____

Address: _____

DATE: _____

State of Connecticut
County of Hartford ss: Burlington

Personally Appeared _____

_____

Who subscribed and swore to the truth of the following certificate, and acknowledged that he/she executed the same before me.

_____
Town Clerk, Notary Public,
Commissioner of Superior Court

Cancelled Document Number _____

Filing fee is $5.00