



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

OFFICE USE ONLY
(label)

TRANSFER OF RESERVATION OF NAME

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address): NAME: ADDRESS: CITY: STATE: ZIP:	FILING FEE: \$60.00 <i>Make checks payable to "Secretary of the State"</i>
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THE UNDERSIGNED TRANSFEROR HEREBY TRANSFERS RIGHTS ASSOCIATED WITH THE FOLLOWING RESERVED NAME TO THE TRANSFEREE NAMED BELOW:

1. RESERVED NAME (required) (name must exactly match the name on our records, including the business designation (LLC, Corp, Incorporated, etc.):

2. NAME OF TRANSFEROR (required) (name must exactly match the name on our records):

3. NAME OF TRANSFEREE (required):

4. ADDRESS OF TRANSFEREE (required) (provide complete street address, (number, street name, city, state & zip code)):

STREET:

CITY:

STATE: ZIP:

5. EXECUTION / SIGNATURE OF TRANSFEROR (required) (subject to penalty of false statement)

DATE (mm/dd/yyyy): ____/____/____

NAME OF TRANSFEROR (print or type)	CAPACITY/TITLE OF TRANSFEROR (print or type)	SIGNATURE
		▶

NOTE: THE TRANSFERRED RESERVATION WILL BE EFFECTIVE FOR THE REMAINING BALANCE OF THE TRANSFEROR'S 120 DAY RESERVATION PERIOD.