SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003 **WEBSITE:** www.concord-sots.ct.gov

TRANSFER OF RESERVED NAME

FOR DOMESTIC OR FOREIGN STOCK & NONSTOCK
CORP, LLC, LP, LLP & STATUTORY TRUST

C.G.S. §§ 33-656; 33-1046; 34-243l; 34-407; 34-506

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

NAME:

MAILING ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $60

MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

THE UNDERSIGNED TRANSFEROR HEREBY TRANSFERS RIGHTS ASSOCIATED WITH THE FOLLOWING RESERVED NAME TO THE TRANSFEREE NAMED BELOW:

1. RESERVED NAME:

2. NAME OF TRANSFEROR:

3. NAME OF TRANSFEREE:

ADDRESS OF TRANSFEREE: *(COMPLETE ADDRESS REQUIRED. STREET NAME, CITY, STATE & ZIP CODE.)*

STREET:

CITY:

STATE: ZIP:

4. EXECUTION - REQUIRED: *(SUBJECT TO PENALTY OF FALSE STATEMENT)*

DATE (MM/DD/YYYY) _____

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

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

Rev. 7/2017