## NOTICE OF VESSEL LIEN C.G.S. §49-55a

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):			FILING FEE: \$50 MAKE CHECKS PAYABLE TO	
			"SECRETARY OF THE STATE"	
NAME:				
ADDRESS:				
CITY				
STATE: ZIP:		ZIP:		
EMA	L:			
TO ALL PERSONS WHOM IT MAY CONCERN, A LIEN IS CLAIMED BY ME ON THE BELOW DESCRIBED VESSEL:				
1. OWNER'S NAME IF INDIVIDUAL				
	SURNAME			
OR	FIRST PERSONAL NAME	MIDDLE	SUFFIX	
	ORGANIZATION		l	
	ORGANIZATION NAME			
MAILING ADDRESS: (STREET OR P.O. BOX)				
ADDRESS:				
CITY				
STAT	E: ZIP:	COUNTRY:		
2. CLAIMANT'S EXACT LEGAL NAME IF INDIVIDUAL				
	SURNAME			
OR	FIRST PERSONAL NAME	MIDDLE	SUFFIX	
	ORGANIZATION			
	ORGANIZATION NAME			
MAILING ADDRESS: (STREET OR P.O. BOX)				
ADDRESS:				
CITY				
STAT		COUNTRY:		
3. NAME OF VESSEL				
4. REGISTRATION NUMBER				
5. DESCRIPTION OF VESSEL AND NAME OF MANUFACTURER				

FORM UVESSEL-1-1.1 Rev. 7/2013

6. HULL NUMBER				
7. REGISTRATION NUMBER				
8. TYPE OF PROPULSION				
9. LENGTH				
10. LOCATION OF VESSEL				
11. AMOUNT OF CLAIM				
12. BASIS OF CLAIM WITH DATES				
INTENDED SALE (If applicable at least 60 days next succeeding filing of such notice)				
DATE OF SALE PLACE OF SALE				
CLAIMANT'S SIGNATURE	DATE			

FORM UVESSEL-1-1.1 PAGE 2 OF 2 Rev. 7/2013