

State of Connecticut Trade Name Cancellation

The following trade name is canceled: This trade name cancellation should be filed in the town where the trade name was originally filed. By filing this cancellation, you are affirming: (1) that you are authorized to do so; and (2) that business is no longer transacted in this state under this name.

Trade Name:		
Original Filing Date:		
Original Trade Name ID Number:		
Full Name:		
Signature:		Date:
(Signature of Person Authorizing Cancellation)		
To be completed by Notary Public or To	wn Clerk:	
Subscribed and sworn to before me on this	day of	, 20
Signature:		Date:
(Town Clerk, Notary Public, Justice of the Peace, or Commission	er of the Superior Court)	
I certify the foregoing is a true copy of the orig	ginal filed in:	(Town/City)
Signature:		Date:

(Town Clerk)

Town Clerk Only	
Filing Date:	
Expiration Date:	
Filing Number (optional):	
Volume and Page (optional):	