

APPLICATION FOR CANCELLATION OF RESERVED NAME FOR DOMESTIC OR FOREIGN

STOCK & NON-STOCK CORP, LLC, LP, LLP & STATUTORY TRUST

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

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The undersigned hereby applies to cancel the reservation of the following name:

1. NAME:

2. NAME OF APPLICANT:

3. ADDRESS OF APPLICANT: (Complete address required. Street name, city, state & zip code.)

4. EXECUTION:

SIGNATURE OF APPLICANT (and title if applicable)

Note: The name of the applicant must exactly match the name on record of the party under whose name the reservation was filed.

Please type or print all information other than the signature.