

**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

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only	Filing Fee \$30.00	Make Checks Payable To "Secretary of the State"
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.)		
<hr/> <hr/> <hr/> <hr/>		
4. EXECUTION:		
<hr/> SIGNATURE OF APPLICANT (and title if applicable)		
<p><u>Note:</u> The name of the applicant must exactly match the name on record of the party under whose name the reservation was filed.</p> <p><u>Please type or print</u> all information other than the signature.</p>		