City of Middletown
Town Clerk

245 DEKOVEN DRIVE
P.O. BOX 1300
MIDDLETOWN, CONNECTICUT 06457

(860) 344-3459

Certificate of Cancellation of Trade Name

I/We, _____ request that the Trade Name filed

with the Town Clerk's Office on _____(date), under the name of

_____ and assigned File#_____, be cancelled.

SIGNATURES: _____

_____

_____

_____

State of Connecticut)
) ss: Middletown *Date:*
County of Middlesex)

Personally appeared _____ Who subscribed and swore to the truth of the foregoing certificate, and acknowledged that (he, she, they) executed the same, before me.

_____

File # *Town Clerk* *Assistant Town Clerk*
Fee $5.00 *Notary Public* *Justice of the Peace*