

INITIAL

AMEND

CANCEL

CERTIFICATE OF TRADE NAME

Date: _____

To the Town Clerk of the **Town of Hartford**

I am/we are conducting and transacting business in said Town of Hartford under the full name of: _____

Address: _____

Phone: _____

Type of Business/Industry: _____

The full name of every person conducting or transacting said business together with the address of each said person is, as follows:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Signatures of named persons

_____, _____

_____, _____

State of Connecticut

County of Hartford ss: Hartford _____

Personally appeared _____

Who Subscribed and swore to the truth of the foregoing certificate and acknowledged that _____ executed the same on behalf of said business before me.

Notary Public

The above and foregoing is a true copy of the original certificate filed in the Office of the Town Clerk of Hartford on _____.

File Number _____

Attest:

Town and City Clerk/Assistant Town Clerk

*Required by Section 35-1 of the Connecticut General Statutes.