CANCEL CERTIFICATE OF TRADE NAME

Date:	_
To the Town Clerk of the Town of Hartfor	rd
I was/We were conducting and transacting full	business in said Town of Hartford under the
name of:	
Address:	
Phone:	
Type of Business/Industry:	
I/We desire to terminate our trade name cer of filing of this certificate.	rtification under the above name as of the date
Name	Address
Signatures of named persons	
, State of Connecticut County of Hartford ss: Hartford	
Personally appeared who subscribed and swore to the truth of th executed the same on behalf o	e foregoing certificate and acknowledged that of said business before me.
The above and foregoing is a true copy of the Town Clerk of Hartford on	Notary Public he original certificate filed in the Office of the
File Number	
Attest:	
Town and City Clerk/Assistant Town Clerk *Required by Section 35-1 of the Connection	