

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003 WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR CANCELLATION OF RESERVED NAME

DOMESTIC OR FOREIGN - ALL ENTITIES

C.G.S. §§ 33-656; 33-1046; 34-103; 34-139; 34-407; 34-506

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY

FILING PARTY (CONFIRMATION WILL BE	SENT TO THIS ADDRESS):	FILING FEE: \$60
		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME:		o, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ADDRESS:		
CITY:		
STATE:	ZIP:	
THE UNDERSIGNED HEREBY APPLIES TO CANCEL THE RESERVATION OF THE FOLLOWING NAME:		
1. RESERVED NAME:		
2. NAME OF THE APPLICANT: (NOTE: THE NAME OF APPLICANT MUST EXACTLY MATCH THE NAME ON RECORD OF THE PARTY UNDER WHOSE NAME THE RESERVATION WAS FILED)		
3. ADDRESS OF APPLICANT: (COMPLETE ADDRESS REQUIRED. STREET NAME, CITY, STATE & ZIP CODE.)		
ADDRESS:		
CITY:		
STATE:	ZIP:	
OTATE.	ZIF.	
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATED THIS	DAY OF	_ , 20
NAME OF APPLICANT	CAPACITY/TITLE OF APPLICANT	SIGNATURE
(print/type)	(print name and title if applicable)	

FORM CCNR-1-1.0 Rev. 7/2010