

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

TRANSFER OF RESERVED NAME

FOR DOMESTIC OR FOREIGN STOCK & NONSTOCK CORP, LLC, LP, LLP & STATUTORY TRUST

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

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

USE INV. COMPLETE ALE SECTIONS. FRINT OF	R TTPE. ATTACH 61/2 X TT SHEETS IF NECESS/	
FILING PARTY (CONFIRMATION WILL BE	SENT TO THIS ADDRESS):	FILING FEE: \$60
		MAKE CHECKS PAYABLE TO "SECRETARY
NAME:		OF THE STATE"
ADDRESS:		
CITY:		
STATE:	ZIP:	
THE UNDERSIGNED TRANSFEROR HEREBY TRANSFERS RIGHTS ASSOCIATED WITH FOLLOWING RESERVED NAME TO THE TRANSFEREE NAMED BELOW:		
1. RESERVED NAME:		
I. NEGERVES NAME.		
2. NAME OF TRANSFEROR:		
3. NAME OF TRANSFEREE:		
ADDRESS OF TRANSFEREE: (COMPLETE ADDRESS REQUIRED. STREET NAME, CITY, STATE & ZIP CODE.)		
ADDRESS:		
CITY:		
STATE:	ZIP:	
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATED THIS	DAY OF	, 20
NAME OF TRANSFEROR (print/type)	CAPACITY/TITLE OF TRANSFEROR	SIGNATURE
NOTE: THE TRANSFERRED RESERVATION WILL BE EFFECTIVE FOR THE REMAINING BALANCE OF THE TRANSFEROR'S		
120 DAY RESERVATION PERIOD.		

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