



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

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CERTIFICATE OF CANCELLATION

DOMESTIC STATUTORY TRUST

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FOR OFFICIAL USE ONLY:
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF STATUTORY TRUST:		
2. THE DATE OF FILING OF THE ORIGINAL CERTIFICATE OF TRUST:		
3. THE REASON FOR FILING THE CERTIFICATE OF CANCELLATION:		
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATED THIS _____ DAY OF _____, 20 _____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE