

## 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 A REGISTERED MARK

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: \$50
		EXCEPTION: \$25.00 FILING FEE FOR COLLECTIVE OR CERTIFICATION MARK
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY
ADDRESS:		OF THE STATE"
CITY:		
STATE:	ZIP:	
1. NAME OF RECORD OWNER:		
2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):		
3. CONNECTICUT REGISTRATION NUMBER:		
THE ADOLES ON THE HEREBY ADDITION OF THE DECISION DEADING THE NUMBER		
THE ABOVE OWNER HEREBY APPLIES FOR CANCELLATION OF THE REGISTRATION BEARING THE NUMBER STATED IN ITEM NUMBER 3 ABOVE		
4. EXECUTION:		
I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE		
FOREGOING APPLICATION ARE TRUE.		
DATED THIS	DAY OF	20
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NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

FORM TMC-1-1.0 Rev. 7/2010