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: 860-509-6002

WEBSITE: <u>www.concord-sots.ct.gov</u>

NOTICE OF VESSEL LIEN

C.G.S. §49-55a

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

FILIN	IG PARTY (CONFIRMATION	FILING FEE: \$50				
CUSTOMER ID:				MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"		
NAM	IE:					
ADDRESS:						
CITY	/:					
STA	TE:					
EMAIL:						
TO ALL PERSONS WHOM IT MAY CONCERN, A LIEN IS CLAIMED BY ME ON THE BELOW DESCRIBED VESSEL:						
1. OWNER'S NAME IF INDIVIDUAL						
	SURNAME					
OR	FIRST PERSONAL NAME	E	MIDDLE		SUFFIX	
	ORGANIZATION					
	ORGANIZATION NAME					
MAILING ADDRESS: (STREET OR P.O. BOX)						
ADDRESS:						
CITY:						
STATE: Z		ZIP:	COUNTRY:			
2. CLAIMANT'S EXACT LEGAL NAME IF INDIVIDUAL						
	SURNAME					
OR	FIRST PERSONAL NAME	E	MIDDLE		SUFFIX	
	ORGANIZATION					
	ORGANIZATION NAME					
MAILING ADDRESS: (STREET OR P.O. BOX)						
ADDRESS:						
CITY	/·					
STATE:		ZIP:	COUNTRY:			
3. NAME OF VESSEL						
4. REGISTRATION NUMBER						
5. DESSCRIPTION OF VESSEL AND NAME OF MANUFACTURER						

6. HULL NUMBER						
7. REGISTRATION NUMBER						
8. TYPE OF PROPULSION						
9. LENGTH						
10. LOCATION OF VESSEL						
11. AMOUNT OF CLAIM						
12. BASIS OF CLAIM WITH DATES						
INTENDED SALE (If applicable at least 60 days next succeeding filing of such notice)						
ATE OF SALE PLACE OF SALE						
CLAIMANT'S SIGNATURE	DATE					