



Secretary of the State of Connecticut

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APPLICATION FOR CANCELLATION OF A REGISTERED MARK

- 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): NAME: ADDRESS: CITY: STATE: ZIP:		FILING FEE: \$50 EXCEPTION: \$25.00 FILING FEE FOR COLLECTIVE OR CERTIFICATION MARK. - MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF RECORD OWNER:		
2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):		
3. CONNECTICUT REGISTRATION 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_____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE