




Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: bsd@ct.gov

TRANSFER OF RESERVATION OF NAME

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

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| FILING PARTY <i>(confirmation will be sent to this address):</i> NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER: | | FILING FEE: \$60.00 <i>Make checks payable to "Secretary of the State"</i> |
| THE UNDERSIGNED TRANSFEROR HEREBY TRANSFERS RIGHTS ASSOCIATED WITH THE FOLLOWING RESERVED NAME TO THE TRANSFEREE NAMED BELOW: | | |
| 1. RESERVED NAME (required) <i>(name must exactly match the name on our records, including the business designation (LLC, Corp, Incorporated, etc.):</i> | | |
| 2. NAME OF TRANSFEROR (required) <i>(name must exactly match the name on our records):</i> | | |
| 3. NAME OF TRANSFEREE (required): | | |
| 4. ADDRESS OF TRANSFEREE (required) <i>(provide <u>complete</u> street address, (number, street name, city, state & zip code)):</i> STREET: CITY: STATE: ZIP CODE: | | |
| 5. EXECUTION / SIGNATURE OF TRANSFEROR (required) <i>(subject to penalty of false statement)</i> DATE <i>(mm/dd/yyyy)</i> : ____ / ____ / ____ | | |
| NAME OF TRANSFEROR <i>(print or type)</i> | CAPACITY/TITLE OF TRANSFEROR <i>(print or type)</i> | SIGNATURE |
| | |  |
| NOTE: THE TRANSFERRED RESERVATION WILL BE EFFECTIVE FOR THE REMAINING BALANCE OF THE TRANSFEROR'S 120 DAY RESERVATION PERIOD. | | |