Secretary of the State of Connecticut

PHONE: 860-509-6003 **WEBSITE:** business.ct.gov **EMAIL:** bsd@ct.gov

CERTIFICATE OF CANCELLATION DOMESTIC STATUTORY TRUST

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)*:

NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL:

TELEPHONE NUMBER:

FOR OFFICIAL USE ONLY:

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