

Secretary of the State of Connecticut

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

CERTIFICATE OF TRUST 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 ADDRE	ESS):				
NAME:			FILING FEE: \$120			
ADDRESS:			MAKE CHECKS PAYABLE TO "SECRETARY			
			OF THE STATE"			
CITY:						
STATE:	ZIP CODE:					
EMAIL:						
TELEPHONE NUMBER :						
1.NAME OF STATUTORY TR	UST:					
2. ADDRESS OF THE STATU	TORY TRUST'S PRINCIPA	L OFFICE:				
ADDRESS:						
CITY:						
STATE:	ZIP CODE:					
3. APPOINTMENT OF STATU	TORY AGENT:					
NAME OF AGENT:						
BUSINESS ADDRESS:		RESIDENCE ADDI	RESS:			
ADDRESS:		ADDRESS:				
OLTV		CITY:				
CITY:						
STATE: ZIF	CODE:	STATE:	ZIP CODE:			
ACCEPTANCE OF APPOIN	TMENT:					
(SIGNATURE OF AGENT)						

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4. ENTITY E-MAIL ADDRESS (REQUIRED)						
5. NAICS CODE (REQUIRED - SIX DIGITS)						
6. EXECUTION BY ALL TRUSTEES:						
DATED THIS		DAY	, 20			
	NAME OF TRUSTEES		SIGNATURI	ES		