

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-MA CEHCK BOX IF NO	IL ADDRESS (REQUIRED) NE. DO NOT LEAVE BLANK.				NONE
5. NAICS CODE	(REQUIRED - SIX DIGITS)				
6. EXECUTION E	BY ALL TRUSTEES:				
DATED THIS		DAY		, 20	
	NAME OF TRUSTEES		SIGN	ATURES	