



*City of Middletown
City & Town Clerk's Office
245 deKoven Drive
Middletown, CT 06457
(860) 638-4910*

Certificate of Cancellation of Trade Name

I/We, _____ request that the Trade Name filed
with the Town Clerk's Office on _____ (date), under the name of
_____ and assigned File# _____, be cancelled.

SIGNATURES: _____

State of Connecticut

ss: Middletown

Date:

County of Middlesex

*Personally appeared _____ Who subscribed and swore to the
truth of the foregoing certificate, and acknowledged that (he, she, they) executed the
same, before me.*

*File #
Fee \$*

*Town Clerk / Deputy/ Assistant Town Clerk
Notary Public / Justice of the Peace*