

CITY OF NEW LONDON

TERMINATION - TRADE NAME CERTIFICATE

The undersigned **do/does** hereby certify that **he/she /they** owned, conducted and transacted business under the assumed name of:

(NAME OF DUCINESS)	
(NAME OF BUSINESS) operating at the following address:	
(ADDRESS OF BUSINESS)	
Filed in the Office of the City Clerk, in the City of New London, State of CONNECTICUT.	
I hereby further certify that the filing of said certificate is no longer required for the reason that the said business was terminated on theday of	
I/We have hereunto set my/our hand at New London, CT	
This day of	, 20
Owners Name:	
PRINT	SIGNATURE
Owners Name:	CICNIATURE
PRINT	SIGNATURE
STATE OF CONNECTICUT}	
SS: New London	
COUNTY OF NEW LONDON}	
On this day of, 20 , before me, personally	
appeared	to me known or produced identification to be the
person/persons subscribed in and whom executed the fore he/she/they executed the same for the purposes therein of	egoing certificate, and duly acknowledged to that
My Commission	n Expires:
Notary Public	
The above and foregoing is a true copy of the original certiform of New London.	ficate on file in the office of the Town Clerk of the Town
FOR OFFICE USE ONLY	
The above and foregoing is a true copy of the original certificate on file in the office of the City Clerk of the City of New London	
	DE NAME #
TOWN CLERK	