

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 BUSINESS)			
at the following address:			
	(ADDRESS OF BUSIN	•	
Filed in the Office of the City Clerk, i	https://countyfusion7.kofi n the City of New London Sta		
Filed III tile Office of the City Cicra, i	Title City of INEW London, Ju	ate of connecticor.	
	= =	er required for the reason that the said business	
was terminated on the	day of	, 20	
IN WITNESS WHEREOF, I/We have h	nereunto set my/our hand at I	New London, CT	
This day of		, 20	
Name:			
PRINT		SIGNATURE	
Name:PRINT		SIGNATURE	
•		JOHA	
STATE OF CONNECTICUT}			
9	SS: New London		
COUNTY OF NEW LONDON}			
On this day of	, 20, before me,	, 20, before me, personally	
		known or produced identification to be the	
•		certificate, and duly acknowledged to that	
he/she/they executed the same for	the purposes therein contained	ed.	
	My Commission Exnire	es:	
Notary Public	IVIY CUITITII33IUTI EAPTIC	:5.	
The above and foregoing is a true co	py of the original certificate o	on file in the office of the Town Clerk of the Town	
of New London.			
	FOR OFFICE USE ON		
	py of the original certificate o	on file in the office of the City Clerk of the City of	
New London	TPADE NAM	1E #	
Attest: TOWN CLERK	INAUL IVAIL	IE #	