## TRADE NAME CERTIFICATE

(Filed by a Corporation)

Business Name:	ness Name:		Type of Business:	
Business Street A	ddress:			
	Street		Town	State/Zip Code
Business Phone		]	Business email:	
and that there are	no other persons associated		igned in the conduct of said busine	ess; and that the corporat
addresses given be	elow are correct.			
Name:			_Signature:	
(Print)			- 8	
Residence Addre			Phone	2:
	Street	Town	State/Zip Code	
Name:			_Signature:	
(Print)				
Residence Addre	SS:		Phone State/Zip Code	2:
	Street	Town	State/Zip Code	
Name:			_Signature:	
(Print)				
Residence Addre	ss.		Phone	2.
	Street	Town	State/Zip Code	·
S	TATE OF CONNECTICUT	,		
(	COUNTY OF	}	SS:	
C	On this the day of _		, 20, before me, the under	signed officer, personally
a	ppeared			,
			name is subscribed to the within in same for the purposes therein com	
	N WITNESS WHEREOF I	-		lamed.
11	N WIINESS WHEREOFT	HEREUNIUS	EI MI HAND.	
			N. ( D. 1.1)	
			Notary Public	
Re	ceived for Record:			
	Date			
	R <sub>v</sub> .			
		n Clerk		
3:\data\CLERK\Procedures\	Trade Name procedures\Trade Name Form			

The undersigned do/does hereby certify that he/she/they own, conduct and transact the business under the assumed name: