TRADE NAME CERTIFICATE

(Filed by an Individual)

Business Name:	Type of Business:				
Business Street Add	lress:				
Business Street Add	Street		Town		State / Zip Code
Business Phone	.,		Business	email:	
			_	the conduct of said l	ousiness;
and that the residence	e addresses give	n below are correct			
IN WITNESS WHI	E REOF, I/We ha	ive hereunto set my	/our hand at _		, Connecticut,
			thic	day of	, 20
			uns	day of	, 20
Name:			Signatu	re:	
(Print)					
Residence Address:				I	Phone:
	Street Address	Town		State / Zip Code	
Name:			Signatu	ıre:	
Residence Address:	Street Address	Town		State / Zin Code	Phone:
Name: (Print)			Signatu	ıre:	
D '1 A 11				-	NI.
Kesiaence Aaaress:	Street Address	Town		State / Zip Code	Phone:
STATI	E OF CONNECTION	CUT }		66.	
COUN	TY OF	} }		33.	
On thi	s tha day	of	20 haf	ore me the undersign	ad officer personally
appearedaay or		01	, 20, before me, the undersigned officer, personally		
		1 1 () 1			
				are) subscribed to the poses therein container	e within instrument and ed.
	•	OF I HEREUNTO SE	•	<u>.</u>	
11, 11,	TI(ESS WIERE)	or tribite of the se	71 1111 1111 112.		
				N (D 11'	
				Notary Public	
	10 5				
Receiv	ed for Record: _	Date			
		Daic			
	Ву: _				-
		Town Clerk			