

Filing Fee: \$20 Payable to town clerk, per C.G.S. § 7-34

| File with the Town Clerk in the town where   | the business <u>is principally transact</u> ed.  |
|--|--|
| Filing Type - The information contained herein (ch   | noose one):OriginalAmendment   |
| Please Note: A trade name certificate is required when an indiv<br>that is different than their real name. A trade name certificate                            | vidual is conducting business under a name (used to identify the business) does not protect that business name from use by someone else. |
| Trade Name:  |  |
| Business Purpose:  |  |
| Address, Town/City:  |  |
|  | !: Phone:  |
| Natural Persons Associated with this Trade N   | ame (person 1):  |
|  | Signature:   |
| Address, Town/City:  |  |
| State, ZIP Code: Email   | : Phone:   |
| Natural Persons Associated with this Trade Na  | ame (person 2):  |
| Full Name:   | Signature:   |
| Address, Town/City:  |  |
| State, ZIP Code: Email   | : Phone:   |
| Please Note: If 3 or more persons are applying, please use the   | Trade Name Application Addendum.   |
| Acknowledgment for Natural Person(s)   | ):   |
| State of Connecticut, County of  | SS   |
|  | (Town/City)  |
| On this , 20   | 0, before me(Name of Town Clerk/Notary)  |
| the undersigned officer, personally appeared the na<br>satisfactorily proven to be the person(s) whose nan<br>acknowledged that they executed the same for the | me(s) is/are subscribed to within the instrument and   |
| Signature:   | Date:  |
| (Town Clerk, Notary Public, Justice of the Peace, or Commission  | ner of the Superior Court)   |
| I certify the foregoing is a true copy of the or   | riginal filed in:(Town/City)   |
| Gi   | (Town/City)  Date:   |
| Signature:<br>(Town Clerk)   |  |
| ((0))  | Town Clerk Only  |
|  | Filing Date:   |
|  | Expiration Date:   |
|  | Filing Number (optional):  |
|  | Volume and Page (optional):  |



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|  | th the Secretary. Foreign bu           | the State), file in the town of your usinesses (formed elsewhere), use |
|--|--|--|
|  |  | Original Amendment   |
| Trade Name:  |  |  |
|  |  |  |
| State, ZIP Code:   | Email:                                 | Phone:   |
| <b>Business Organization As</b>  | sociated with this Trade               | Name   |
| Business Name:   |  |  |
| Secretary of the State Busines   | s ID/ALEI:                             |  |
| Address, Town/City:  |  |  |
| State, ZIP Code:   | Email:                                 | Phone:   |
| Authorized Officer:  | Ti                                     | tle:   |
| Signature of Authorized Officer  | •                                      |  |
| Acknowledgment for Bus   | iness Organizations                    |  |
| State of Connecticut, County of _                                      |  | 55.  |
|  |  | (Town/City)  |
| On thisday of  | , 20, befo                             | ore me, (Name of Town Clerk/Notary)                                    |
|  |  | /es as, (Title of Business Organization Officer)                       |
|  |  |  |
| (Name of Business Organization) they are authorized to file this trace |  | ed with the Secretary of the State, and that                           |
| Signature:   |  | Date:  |
| (Town Clerk, Notary Public, Justice of the                             | Peace, or Commissioner of the Superior | Court)   |
| I certify the foregoing is a tru                                       | e copy of the original filed in:       |  |
|  |  | (Town/City)  |
| Signature:   |  | Date:  |
| (Town Clerk)   | Town Cleri                             | k Only   |
|  | Filing Date:                           |  |
|  | Expiration D                           | Date:  |
|  | Filing Numb                            | per (optional):  |
|  | Volume and                             | l Page (optional):   |