## CERTIFICATE OF CANCELLATION OF TRADE NAME

I am / We are no longer conducting and	transacting business in said Town of Andover, State of
TYPE OF BUSINESS:	
BUSINESS ADDRESS:	
The full name of every person conducting Certificate, together with the post office	ng or transacting said business on original Trade Name address of each said person is as follows:
Name	Mailing Address
Name	Mailing Address
Name	Mailing Address
Signature	Date
STATE OF CONNECTICUT : COUNTY OF TOLLAND:	
Personally appeared	
who subscribed and swore to the truth of that executed the same, befo	the foregoing certificate, and acknowledged ore me.
Town Clerk (Asst.) – Notary Public	
Received and Filed	
Town Clerk	