

Trade Name Certificate

NOTE:

REQUIRED BY SEC 55-1 OF THE CONECTICUT GENERAL STATUTES, A TRADE NAME IS FILED FOR THE PURPOSES OF IDENTIFYING THOSE PERSONS DOING BUSINESS UNDER A FICTITIOUS TRADE NAME, I.E., FOR CONSUMER PROTECTION PURPOSES.

Know all Men by These P That I,	of the
Town of	County of
And State of	do hereby certify that I, am the owner of and conduct the
business (dba) known as	
in said NORTH CANAAN .	
Business is to be located at; St	et#: Street Name:
And I, further certify that	
T/ D 0 D 4 / / ·	Street Address is:
i ne P.O. Box Address is:	
Nature of the business is :	me of every person conducting or transacting business, and mai
Nature of the business is : And further that the full r	ne of every person conducting or transacting business, and mai
Nature of the business is: And further that the full raddress of each is as follows:	ne of every person conducting or transacting business, and mai
Nature of the business is : And further that the full raddress of each is as follows: J	ne of every person conducting or transacting business, and mai lease print) ADDRESS:
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Nature of the business is: And further that the full raddress of each is as follows: J NAME: NAME: Date: S Phone Number:	me of every person conducting or transacting business, and mail ease print ADDRESS:
And further that the full raddress of each is as follows: NAME: NAME: Date: Phone Number: State of Connecticut	me of every person conducting or transacting business, and mail ease print ADDRESS:
And further that the full raddress of each is as follows: NAME: NAME: NAME: State of Connecticut Signature of the business is: And further that the full raddress is: And further that the full raddress is: State of connecticut Signature S	me of every person conducting or transacting business, and mail ease print ADDRESS:
And further that the full raddress of each is as follows: NAME: NAME: NAME: State of Connecticut Ss: County of: LITCHFIELD	me of every person conducting or transacting business, and mail ease print ADDRESS: ADDRESS: ADDRESS: and mail mature of Owner: Month Day Year
And further that the full raddress of each is as follows: NAME: NAME: NAME: State of Connecticut Ss: County of: LITCHFIELD Personally appeared	me of every person conducting or transacting business, and mail ease print ADDRESS: