

CERTIFICATE OF TRADE NAME

(As required by Connecticut General Statutes §35-1)

To the Town Clerk of the Town of Killingworth,

_____ conducting and transacting business in said town of Killingworth under

(I am/We are)

the full name of _____.

The Post Office Address is _____.

The Street Address is _____.

The full name of every person conducting or transacting said business, together with the address of each person, is as follows:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Signatures of Named Persons

State of Connecticut : ss. Killingworth

County of Middlesex

Personally Appeared _____

who subscribed and swore to the truth of the foregoing certificate, before me

Town Clerk / Notary Public

Received and Filed this day _____, 20____

Index Number 3

Town Clerk