CERTIFICATE OF ADOPTION OF TRADE NAME To be filed with the Town Clerk

To the Town Clerk of the Town of Tolland

I am/We are conducting and transacting business in said Town of Tolland under the full name

of _____

The address is _____
(Street address and P.O. Box if applicable)

Email Address is _____

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

PLEASE PRINT

NAME_____ ADDRESS_____

NAME_____ ADDRESS_____

NAME_____ ADDRESS_____

_____
(Signature)

_____
(Signature)

_____
(Signature)

State of Connecticut ss. Tolland, CT – Date Signed_____
County of Tolland

Personally appeared _____

Who subscribed and swore to the truth of the foregoing certificate, and acknowledged that he / she / they executed the same before me.

_____
Town Clerk Notary Public

Received and filed _____

Time received for recording _____am/pm

_____
Town Clerk