

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

To the Town Clerk of the Town of ELLINGTON, CT.

conducting and transacting business in said Town of Ellington under the full name
of:

Type of Business:

The Post Office address is:

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

NAME: Address:

NAME: Address:

NAME: Address:

Signature: _____

Signature: _____

Signature: _____

State of Connecticut)

ss: Ellington Date: _____

County of Tolland

Personally appeared
who subscribed and swore to the truth of the foregoing certificate, and acknowledged that
executed the same, before.

Received and filed on: _____

Time: _____

_____ Ellington, CT Town Clerk (Asst)