

CERTIFICATE OF DISSOLUTION OF TRADE NAME - FILING FEE \$10.00

I/We, _____ hereby make the following statement of dissolution of Trade Name certificate filed in the Office of the Sharon Town Clerk on _____.

1. The name(s) under which I/We have been conducting and transacting business was:

2. The business so conducted was that of:

3. The place where the business was conducted and transacted was at:

4. The true and real full name(s) and post office address of all person(s) connected with the said business as owner(s) are as follows:

_____ Print or Type Name	_____ Print or Type Address
_____ Print or Type Name	_____ Print or Type Address
_____ Print or Type Name	_____ Print or Type Address
_____ Print or Type Name	_____ Print or Type Address

5. The said business has been dissolved and the Sharon Town Clerk is hereby authorized to file and record this certificate of dissolution.

IN WITNESS WHEREOF, I/We have hereunto signed this certificate on _____.

The undersigned being duly sworn upon his, her or their oath according to law, say that he, she of they have read the foregoing certificate and that the statements therein are true.

State of Connecticut
Town of Sharon, Connecticut
County of Litchfield

Signature

Sworn and subscribed before me this _____ Day of _____, 20

Signature

Notary Public, Attorney or other person authorized under Connecticut Law to administer oaths.