TRADE NAME CERTIFICATE

The undersigned conducting and transacting business in said Town of Stonington under the assumed trade name of _____.

The post office address of said business is_____.

The business address is_____.

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

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

_____	_____
Witness as to all	Signature
_____	_____
Witness as to all	Signature
	_____
	Signature
	_____
	Signature

STATE OF CONNECTICUT)
) ss _____20_____
COUNTY OF NEW LONDON)

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

_____
Notary Public
Justice of the Peace
Commissioner of the Superior Court
Town Clerk or Asst. Town Clerk