

CERTIFICATE OF ADOPTION OF TRADE NAME

To be filed with Town Clerk

To the Town Clerk of the Town of SOUTH WINDSOR, CT.

(I am/We are)_____conducting and transacting business in said Town of South Windsor
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 of said person is as follows:

NAME_____P.O. Address_____

NAME_____P.O. Address_____

NAME_____P.O. Address_____

Signature_____

Signature_____

Signature_____

State of Connecticut)

ss: South Windsor

Date:_____

County of Hartford)

Personally appeared_____
who subscribed and swore to the truth of the foregoing certificate, and acknowledged that
(he/she/they)_____executed the same, before.

Received and filed on_____

Time:_____

South Windsor, CT Town Clerk