



OFFICE OF THE SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

APPLICATION FOR CANCELLATION OF A REGISTERED MARK
Rev. 12/1999

1. Name of Record Owner:

2. State of Formation of the Owner *if other than a natural person*:

3. Connecticut Registration Number:

The above owner hereby applies for cancellation of the registration bearing
the number stated in item number 3 above

EXECUTION:

I hereby declare under the penalties of false statement that the statements made in
the foregoing application is true.

4. _____
Date

5. _____
Name of Signatory

6. _____
Title of Signatory *if applicable*

7. _____
Signature