

State of New Hampshire

Filing fee: \$10.00
Use black print or type.

Form TN-9
RSA 349:2

CERTIFICATE OF DISCONTINUANCE OF USE OF TRADE NAME

(Please type or print clearly; if more space is needed, attach additional sheet[s].)

1. Business name: _____
(Name **cannot include "INC."** or other corporate designation)

2. Business address: _____
No. & Street City / town State Zip

Mailing address (if different): _____
No. & Street City / town State Zip

3. Effective date of discontinuance (cannot be future date): _____

4. Name of Member(s)	No. & Street	City/town	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Signed: (must be signed by ALL members)

Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____
Signature _____	Print or Type name _____

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH