

# State of Connecticut

## Certificate of Assumed Name

*All information on this form is public information.  
Please type or print legibly in black ink.*

**Project Number:** \_\_\_\_\_

1. State the exact assumed name under which the business is or will be conducted:

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2. List the name and title of all persons conducting business under the above assumed name:

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Date paperwork filed: \_\_\_\_\_ , \_\_\_\_\_

Seal of Approval:

**Filing Fee: a \$25 fee must accompany this form.**