



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Cancellation of Reserved Name
(Domestic and Foreign Entity)

CCR

Pursuant to the provisions of KRS 14A, KRS 271B, 273, 275, 362 and 386 the undersigned applies to cancel a reserved name and, for that purpose, submits the following statement:

- 1. The name reserved was (Name must be identical to the name on record with the Secretary of State.)
2. The name was reserved by
3. The date the name reservation was filed with the Office of the Secretary of State
4. The mailing address of the applicant:

Street Address or Post Office Box Numbers City State Zip

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Applicant Printed Name Title Date

**FILING INSTRUCTIONS
CANCELLATION OF RESERVED NAME**

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the applicant address. If the applicant wishes for the document to be sent to an alternate address other than the applicant address, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by the applicant.

NUMBER OF COPIES

If filing via mail or in person, one exact copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90th day after the date of filing.

FILING FEE

The filing fee for this document is \$10.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes
Office of the Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.