

State of Tennessee



Department of State

Corporate Filings
 312 Rosa L. Parks Avenue
 6th Floor, William R. Snodgrass Tower
 Nashville, TN 37243

**NOTICE OF
 CANCELLATION/TRANSFER
 OF RESERVATION OF NAME**

Filing Fee \$20.00

For Office Use Only

Pursuant to the provisions of Section 48-14-102(b)(c) of the Tennessee Business Corporation Act or Section 48-54-102(b)(c) of the Tennessee Nonprofit Corporation Act, the undersigned hereby submits the following application for cancellation/transfer of reservation of name:

1. The reserved name to be cancelled/transferred is: _____

2. The name and address of the applicant or transferee is:

 _____ Zip Code

Please check applicable box:

- Cancellation of Reserved Name
- Transfer of Reserved Name

Date: _____ , _____

 Holder of Reserved Name

By: _____
 (Signature)

 Name (typed or printed)

 Signer's Capacity