

CANCELLATION OF NAME RESERVATION - Entity

No Fee

Department of Commerce and Consumer Affairs
Business Registration Division
P. O. Box 40
Honolulu, Hawaii 96810

Date: _____

RE: _____

File Number: _____

You are hereby authorized to cancel the reservation of the above name.

Sincerely,

(Signature)

(Type/Print Name)

I am the _____ of
(Office Held)

(Company Name)