

**CANCELLATION OF NAME RESERVATION - Individual**

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)