

**CANCELLATION OF REGISTRATION  
Publicity Rights Name - Entity**

No Fee

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

Date: \_\_\_\_\_

RE: \_\_\_\_\_

File Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

You are hereby authorized to cancel my registration of the above publicity rights name.

Sincerely,

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type/Print Name)

I am the \_\_\_\_\_ of  
(Office Held)

\_\_\_\_\_

(Company Name)