

**CANCELLATION OF REGISTRATION
TM/SM - 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: _____

Classification Number: _____

Mark Type (select one): Trademark Service Mark

You are hereby authorized to cancel my registration of the above mark.

Sincerely,

(Signature)

(Type/Print Name)

I am the _____ of
(Office Held)

(Company Name)