

**CANCELLATION OF REGISTRATION
TM/SM - Individual/Sole Proprietor**

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 of Registrant)

(Type/Print Name of Registrant)