

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)