Print Letter

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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 trade name.

Sincerely,

_____
(Signature)

_____
(Type/Print Name)

I am the _____ of
(Office Held)

_____
(Company Name)