

**Wyoming Secretary of State** 

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For Office Use Only

## **Statutory Trust Certificate of Cancellation**

. Name of the statutory trust:	
. Date of filing of its certificate of tru	st: (Date – mm/dd/yyyy)
. Effective date or time of cancellatio	on if it is not to be effective upon the filing of this certificate:
(Date – mm/dd/yyyy)	
. Any other information:	
. A certificate of cancellation shall l	be signed by <u>all</u> of the trustees.
Date: (mm/dd/yyyy)	Trustee Signature:
	Print Name:
Date: (mm/dd/yyyy)	Trustee Signature:
	Print Name:
Date: (mm/dd/yyyy)	Trustee Signature:
	Print Name:
Contact Person:	
Paytime Phone Number:	Email:
Checklist	
_	eck or money order payable to Wyoming Secretary of State.  signed document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been

completed to avoid a delay in the processing of your documents.