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For Office Use Only

Statutory Trust Certificate of Cancellation

1. Name of the statutory trust:

2. Date of filing of its certificate of trust:

(Date – mm/dd/yyyy)

3. Effective date or time of cancellation if it is not to be effective upon the filing of this certificate:

(Date – mm/dd/yyyy)

5. Any other information:

6. A certificate of cancellation shall be signed by **all** 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:

Daytime Phone Number:

Email:

*(Email provided will receive filing evidence)
 May list multiple email addresses

Checklist

Filing Fee: \$25.00 Make check or money order payable to Wyoming Secretary of State.
 Please submit one **originally signed** document.
Typical processing time is 3-5 business days following the date of receipt in our office.
 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.