



**Wyoming Secretary of State**

State Capitol Building, Room 110  
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Cheyenne, WY 82002-0020  
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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:

Checklist

**Filing Fee: \$25.00** Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally 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.**