



**Wyoming Secretary of State**

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For Office Use Only

**Statutory Trust  
Certificate of Cancellation**

1. Name of Statutory Trust:

*(Name must match exactly to the Secretary of State's records.)*

2. Date of filing of its certificate of trust:

*(Date must match exactly to the Secretary of State's records.) (Date – mm/dd/yyyy)*

3. Future 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:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

Checklist

**Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.

**Processing time is up to 15 business days** following the date of receipt in our office.

The business entity is **active and in good standing** with this office.

Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**

Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**