

Are you transferring or assigning ownership due to a Conversion or Merger?

- Yes Fee \$10
- No Fee \$25



Assignment/Transfer of Ownership of a Trade or Service Mark

1. BUSINESS STRUCTURE OF REGISTRANT (Check One):

- | | |
|--|---|
| <input type="checkbox"/> Corporation (State of Incorporation): _____ | <input type="checkbox"/> General Partnership (State of Organization): _____ |
| <input type="checkbox"/> Limited Liability Company (State of Organization): _____ | <input type="checkbox"/> Sole Proprietor/Individual (State of Residency): _____ |
| <input type="checkbox"/> Limited Partnership (State of Organization): _____ | <input type="checkbox"/> Other (Please describe): _____ (State of Organization): _____ |

Names of General Partners (If Applicant is a Partnership; attach additional sheet if necessary):

| First Name | Middle/Initial | Last Name | Suffix | Business Entity Name |
|------------|----------------|-----------|--------|----------------------|
| | | | | |
| | | | | |
| | | | | |

2. REGISTRANT - Owner of Mark: _____

3. BUSINESS ADDRESS OF REGISTRANT:

Street

Suite/Apartment Number (if applicable)

City State Zip Code Country

Is International Address

| | | |
|-------------------------|---------------------------|----------------------|
| Submitter Phone Number: | Registrant Email Address: | Registration Number: |
|-------------------------|---------------------------|----------------------|

4. DESCRIPTION OF MARK:

5. NAME OF ASSIGNEE OR TRANSFEREE: _____

6. BUSINESS STRUCTURE OF REGISTRANT (Check One):

Corporation

(State of Incorporation): _____

Limited Liability Company

(State of Organization): _____

Limited Partnership

(State of Organization): _____

General Partnership

(State of Organization): _____

Sole Proprietor/Individual

(State of Residency): _____

Other (Please describe): _____

(State of Organization): _____

Names of General Partners (If Applicant is a Partnership; attach additional sheet if necessary):

First Name Middle/Initial Last Name Suffix Business Entity Name

First Name Middle/Initial Last Name Suffix Business Entity Name

First Name Middle/Initial Last Name Suffix Business Entity Name

7. BUSINESS ADDRESS OF ASSIGNEE OR TRANSFEREE:

Street

Suite/Apartment Number (if applicable)

City State Zip Code Country

Is International Address

Assignee/Transferee Phone Number:

Assignee/Transferee Email:

8. ASSIGNMENT OR TRANSFER OF OWNERSHIP SUPPORTING DOCUMENTS:

Please attach any documentation which supports your application for assignment or transfer of ownership of a registered trademark.

9. Declaration of Ownership

Registrant declares that the registrant is the owner of the mark, that the mark is in use, and that to the knowledge of the person verifying the application, no other person has registered the mark, either federally or in this state, or is entitled to use the mark in this state, either in the identical form used by the registrant or in a form that is likely, when used on or in connection with the goods or services of the other person, to cause confusion or mistake, or to deceive, because of its resemblance to the mark.

My name is _____ My date of birth is _____ and my address is:

Street

City

State

Zip Code

Country

I have read the above Declaration of Ownership as well as the attached Assignment/Transfer of Ownership of a Trade or Service Mark, and I declare under penalty of perjury that all the statements in the foregoing are true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

By signing (or typing if electronic submission) your name below, you acknowledge that you are signing (or electronically signing) this document as the Owner (Registrant) or an Authorized Representative of the Owner (Registrant) of the Trademark and/or Service Mark.

Authorized Person _____ **Title** _____