



1. Please indicate below the type of registration desired

Trademark

Original

Service Mark

Renewal

Registration No.

2. Name of owner (person, corporation or other entity) applying for registration

3. Business address of applicant

Telephone (area code first)

City, State, ZIP5, ZIP4

4. Applicant is:

Corporation

Individual

Partnership

Sole Proprietor

Limited Liability Company

Limited Liability Partnership

Other

State or country of

For Foreign Corporation, Partnership, Limited Liability Company, Limited Liability Partnership or Other)

5. If partnership or other entity, list names and business addresses of general partners, owners and /or managers:

Name

Title

Name

Title

Name

Title



Name

Title

Name

Title

Name

Title

6. The goods or services on or in connection with which the mark is used are:

7. Classification

(Use two digit classification number from instructions.)

8. Mode or manner in which the mark is used on or in connection with the goods or services is:

9. Date mark was first used anywhere:

MM/DD/YYYY

First used in Mississippi:

MM/DD/YYYY

10. Applicant or predecessor in interest has on file an application to register in the U.S. Patent and Trademark Office covering an area including this state.

Yes

No

Serial Number

Filing Date

Application Status

Application Refused?

Yes

No

Reasons:



11. Describe in detail the mark (a drawing) as you want it registered.

12. Attached hereto are three specimens or facsimiles of the mark in use.

13. Consent (if applicable). SEE INSTRUCTIONS.

Give name and address of owner of existing mark and attach hereto letter of consent.

14. I, the owner of the mark, a member of the firm or an officer of the corporation or association applying, attest that the mark is in use, and that to my knowledge, no other person has registered either Federally or in this state, or has the right to use such mark, except as provided for in item 13 above, either in the identical form or in such near resemblance thereto as to be like, when applied to the goods or services of such person to cause confusion, or to cause mistake or to deceive.

Name
and Title
(Print name.)

Signature
(Please keep
writing within
blocks.)



ACKNOWLEDGMENT

State of

County of

I,

being first duly sworn, depose and say that I am

of

the applicant herein, and that I make this affidavit and verification subject to the perjury laws on the behalf of and have the authority to make this affidavit and I have read the above and foregoing application and know the contents thereof, and that the facts set herein are true.

I further depose and say that the three specimens filed herein are true and correct.

Signature of Applicant

Sworn to and subscribed before me this

day of

Notary Seal

Notary Signature

My commission expires