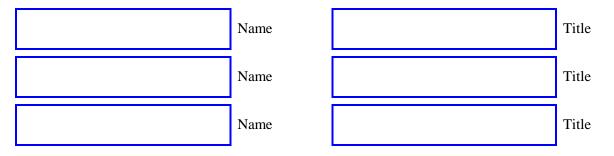
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## OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Application to Register or Renew Trade and Service Marks

#### 1. Please indicate below the type of registration desired

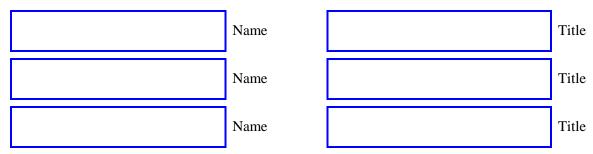
	Trademark		Original				
	Service Mark		Renewal			Registration No.	
2. Name of owner (person, corporation or other entity) applying for registration							
3. Bus	3. Business address of applicant				Telephone (area code first)		
City, State, ZIP5, ZIP4					] [	-	
4. Applicant is:							
	Corporation				Individu	ual	
	Partnership				Sole Pro	oprietor	
	Limited Liability Company				Limited	Liability Partnership	
	Other						
State or country of			Limited	For Foreign Corporation, Partnership, Limited Liability Company, Limited Liability Partnership orOther)			

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



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### OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Application to Register or Renew Trade and Service Marks

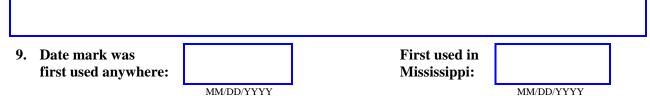


6. The goods or services on or in connection with which the mark is used are:

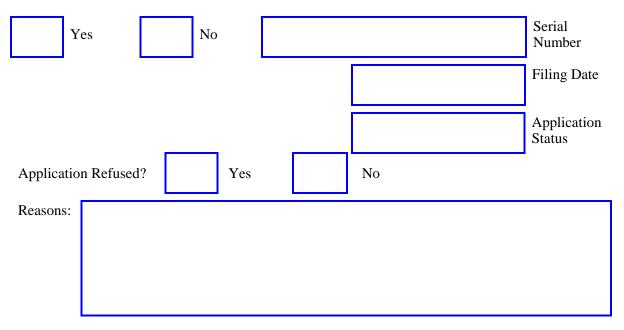
7. Classification

(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:



**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.



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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	Signature	
and Title	(Please keep	
(Print name.)	writing within	
	blocks.)	

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# OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Application to Register or Renew Trade and Service Marks

#### 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 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 subscr	ribed before me this	day of	f,				
Notarv Seal		Notary Signat					
My commission exp	bires						