



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: www.business.ct.gov EMAIL: bsd@ct.gov

Mailing Address: Commercial Recording Division; Connecticut Secretary of the State; P.O. Box 150470; Hartford, CT 06115-0470

Delivery Address: Commercial Recording Division; Connecticut Secretary of the State; 165 Capitol Ave; Hartford, CT 06106

CERTIFICATE OF RENEWAL OF A COLLECTIVE MARK

- USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 " x 11" SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50 - MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF APPLICANT/OWNER:		
2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):		
3. NEW ADDRESS OF OWNER (IF APPLICABLE):		
ADDRESS:		
CITY:		
STATE:	ZIP:	
4. CONNECTICUT REGISTRATION NUMBER:		
THE OWNER OF THE MARK, WHICH IS THE SUBJECT OF THIS APPLICATION, ASSERTS THAT THE MARK HAS BEEN AND IS STILL IN USE IN CONNECTICUT. THE OWNER HEREBY APPLIES FOR RENEWAL OF THE REGISTRATION BEARING THE NUMBER STATED IN NUMBER 4 ABOVE.		
5. EXECUTION - I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE.		
DATED THIS _____ DAY OF _____, 20_____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
THE APPLICANT MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK AS ACTUALLY USED IN THIS STATE.		