



SECRETARY OF THE STATE OF CONNECTICUT

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, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR CERTIFICATE OF RENEWAL OF A REGISTERED MARK

(CAN BE FILED ONLY WITHIN 6 MONTHS PRIOR TO THE EXPIRATION OF A REGISTRATION)

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): NAME: ADDRESS: CITY: STATE: ZIP:		FILING FEE: \$100 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF RECORD 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 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.		