## 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 addresss):		Filing Fee: \$100
Name:		- Make Checks Payable to
Address:		"Secretary of the State"
City:		MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
State: Z	lip Code:	DELIVERY ADDRESS:
Email:		BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 165 CAPITOL AVENUE HARTFORD, CT 06106
Telephone Number:		TIAKTI OND, CT 00100
1. Name of Record Owner:		
2. State of Formation of the Owner (If other than a natural person:		
a cate of the arms of the other than a material percent		
3. New Address of Owner (If Applicable)		
Address:		
Address.		
City:		
State: Zip Code:		
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.		
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.		
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