

Secretary of the State of Connecticut

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APPLICATION FOR CERTIFICATE OF RENEWAL OF A CERTIFICATION 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):	
		FILING FEE: \$50
NAME:		FILING FEE. \$50
ADDRESS:		- MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
CITY:		
STATE:	ZIP:	
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 IN NUMBER 4 ABOVE.		
5. EXECUTION - I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE		
STATEMENTS MADE IN THE FOR	EGOING APPLICATION IS 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.		