



Secretary of the State of Connecticut

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

CERTIFICATE OF RENEWAL OF A COLLECTIVE MARK

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

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP CODE:</p> <p>EMAIL:</p> <p>TELEPHONE NUMBER:</p>	<p>FILING FEE: \$50</p> <p>- MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"</p> <p>MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470</p> <p>DELIVERY ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 165 CAPITOL AVENUE HARTFORD, CT 06106</p>
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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 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 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.