



Secretary of the State of Connecticut

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

ASSIGNMENT OF REGISTERED 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>EXCEPTION: \$25.00 FILING FEE FOR CERTIFICATION AND COLLECTIVE MARK</p> <p>- MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
<p>1. CURRENT NAME OF RECORD OWNER:</p>	
<p>2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):</p>	
<p>3. CONNECTICUT REGISTRATION NUMBER:</p>	
<p>THE ABOVE NAMED OWNER OF THE MARK (THE ASSIGNOR), HEREBY ASSIGNS TO THE ASSIGNEE AND NEW OWNER NAMED BELOW, ALL RIGHTS, TITLE AND INTEREST TO AND IN MARK, TOGETHER WITH THE GOOD WILL OF THE BUSINESS SYMBOLIZED BY THE MARK, ALONG WITH THE REGISTRATION THEREOF.</p>	
<p>4. NAME OF ASSIGNEE:</p>	
<p>5. ADDRESS OF ASSIGNEE:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP CODE:</p>	
<p>6. STATE OF FORMATION OF THE ASSIGNEE (IF OTHER THAN A NATURAL PERSON):</p>	

7. EXECUTION:

WE, THE ASSIGNOR AND THE ASSIGNEE, HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING ASSIGNMENT ARE TRUE.

DATED THIS _____ DAY OF _____, 20 _____

SIGNATORY	NAME OF SIGNATORY	TITLE OF SIGNATORY <i>(If Applicable)</i>	SIGNATURE
ASSIGNOR			
ASSIGNEE			

THE ASSIGNOR MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK ACTUALLY USED IN THIS STATE.

MAILING ADDRESS:

BUSINESS SERVICES DIVISION,
CONNECTICUT SECRETARY OF THE STATE,
P.O. BOX 150470,
HARTFORD, CT 06115-0470
PHONE: [860-509-6003](tel:860-509-6003)

DELIVERY ADDRESS:

BUSINESS SERVICES DIVISION,
CONNECTICUT SECRETARY OF THE STATE,
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HARTFORD, CT 06106
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