MARK

STATE OF MAINE

APPLICATION FOR ASSIGNMENT

Pursuant to 10 MRSA §1525, the undersigned hereby applies to the Secretary of State of Maine to assign the following mark:

Filing Fee \$40.00		
Deputy Secretary of State		
A True Copy When Attested By Signature		
Deputy Secretary of State		

CAREFULLY READ ALL OF THE INSTRUCTIONS BEFORE YOU COMPLETE THIS FORM.

THIS ASSIGNMENT SHOULD BE RECORDED WITH THE SECRETARY OF STATE WITHIN 3 MONTHS

A.	CHARTER NUMBER (if known)
В.	Amendments to TEXT and FEATURES of the mark are <u>NOT</u> permitted.
	1. TEXT - list word(s) protected in the original registration, if any (if none, so indicate):
	2. FEATURES - describe in detail the design protected in the original registration, if any (if none, so indicate):
C.	Amendments to <u>Type</u> of Mark must be made on Form No. MARK-3 or, at the time of Renewal, on Form No. MARK-2.
	TYPE OF MARK:

D. ASSIGNOR 1. **Assignor Name and Address** 2. Assignor is a (an) □ individual ☐ general partnership ☐ limited partnership □ corporation □ association □ union □ other (Explain) If a corporation, limited partnership, limited liability company or limited liability partnership the state of incorporation/organization is ______ and the date of incorporation/organization is Whereas, I ____ 3. (Print/Type Name and Capacity) ("Myself", Firm, Association or Corporate Name) to be the owner of the aforesaid mark, and state that for good and valuable consideration, the receipt of which is hereby acknowledged, said owner has sold, assigned and transferred on (date) ______ the entire right, title and interest together with the good will of the business in connection with the aforesaid mark to the assignee herein. 4. Dated: Signature _____ E. **ASSIGNEE** 1. **Assignee Name and Address** 2. Assignee is a (an) ☐ individual ☐ general partnership ☐ limited partnership □ corporation \square association □ union □ other _____ (Explain) If a corporation, limited partnership, limited liability company or limited liability partnership the state of incorporation/organization is ______ and the date of incorporation/organization is 3. Signature _____ (Signature and Capacity) You **MUST** submit **THREE** (3) samples of the **mark text and/or design** with this application. If the mark is to be protected in

color, all the samples must be in the appropriate colors. NOTE: Samples may be 3 of the same item, i.e. business cards, letterhead, etc.

THE EXECUTION OF AN APPLICATION CONTAINING FALSE STATEMENTS WHICH ONE DOES NOT BELIEVE TO BE TRUE IS PUNISHABLE AS A CLASS D CRIME ACCORDING TO THE MAINE CRIMINAL CODE, 17-A MRSA §453, "UNSWORN FALSIFICATION".

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:		
Optional special handling request(s): (check on	ly if applicable)	
Hold attested copy for pick up (will b	e required to pick up at our office in Augusta, Maine)	
24-hour expedited filing (next busine	ss day) service: \$50 additional filing fee per entity	
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity	
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time	
Payment can be made by check or money orde obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.	
Total fee(s)	enclosed: \$	
(Name of contact person)	(Daytime telephone number)	
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)	
Name and address of person to return the atteste	ed copy of the completed filing:	
(Nan	ne of attested copy recipient)	
	(Firm or Company)	
	(Mailing Address)	
	(City, State & Zip)	

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101 Mailing Address if using FedEx/UPS Department of the Secretary of State Corporations, UCC and Commissions 6 E. Chestnut Street, 5th Floor

Augusta, ME 04330

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSIGNMENT OF A MARK

Be sure to read Chapter 280 (Rules for Marks Registered Under Title 10, Chapter 301-A) and review the list of class numbers for marks (goods and services) before completing the application for assignment.

The proper fee for filing is \$40.00.

You **MUST** submit **THREE** (3) samples of the **mark text and/or design** with this application. If the mark is to be protected in color, all the samples must be in the appropriate colors. **NOTE:** Samples may be 3 of the same item, i.e. business cards, letterhead, etc.

THE FOLLOWING ARE ADDITIONAL INSTRUCTIONS FOR COMPLETING THE FORM.

A. CHARTER NUMBER:

If you do not know the charter number, leave it blank and this office will complete it for you.

B. TEXT AND FEATURES

The text and/or features that you list must be exactly the same as on your original application. You <u>cannot</u> make any changes to them.

C. TYPES OF MARKS:

Trademark - a mark applied to goods the applicant manufactures or sells.

Service Mark - a mark used in connection with the services the applicant provides.

Combined Service/Trademark - a mark applied to goods <u>and</u> used in connection with services provided by the applicant.

Certification Mark - a mark used by one or more persons other than the owners to certify the characteristics of goods and services provided by others.

Collective Mark - a mark used by members of a collective organization in connection with goods or services to indicate membership.

D. ASSIGNOR - NAME, ADDRESS AND CAPACITY:

Type or print the name and address of the assignor. Check the box that applies to you. If you check "other", be sure to explain who (what type of entity) the assignor is. If the assignor is a corporation, limited partnership, limited liability company or limited liability partnership, please add the state of incorporation/organization and the date of incorporation/organization. Type or print the name and capacity of the person signing. If the assignor is a

corporation, the person signing must be an officer of the corporation and must provide a corporate title. If the

assignor is a type of entity other than a corporation, the person signing must provide a capacity which empowers

him or her to sign on its behalf. Provide the date (month, day and year) on which the mark was assigned. The

assignor must sign and date (month, day and year - this date must not be earlier than the date of the assignment)

the application.

E. ASSIGNEE - NAME. ADDRESS AND CAPACITY:

Type or print the name and address of the assignee. Check the box that applies to you. If you check "other", be

sure to explain who (what type of entity) the assignee is. If the assignee is a corporation, limited partnership,

limited liability company or limited liability partnership, please add the state of incorporation/organization and the

date of incorporation/organization. The assignee must sign indicating the capacity under which they are signing

and date (month, day and year) the application. If the assignee is a corporation, the person signing must be an

officer of the corporation and must provide a corporate title. If the assignee is a type of entity other than a

corporation, the person signing must provide a capacity which empowers him or her to sign on its behalf.

PLEASE NOTE:

This office does not give legal advice, however, a corporate examiner is always available to assist you in

completing any of our forms.