

# MARK

## STATE OF MAINE

### APPLICATION FOR RENEWAL

Pursuant to 10 MRSA §1524, the undersigned hereby applies to the Secretary of State of Maine to renew the following mark which is still in use in this State:

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <p>_____ Deputy Secretary of State</p>
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**CAREFULLY READ ALL OF THE INSTRUCTIONS BEFORE YOU COMPLETE THIS FORM.**

- A. **CHARTER NUMBER** (if known) \_\_\_\_\_
- B. **Amendments to TEXT and FEATURES of the mark are NOT permitted.**
  - 1. **TEXT** - list word(s) protected in the original registration, if any (if none, so indicate):  


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  - 2. **FEATURES** - describe in detail the design protected in the original registration, if any (if none, so indicate):  


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- C. **TYPE OF MARK:** \_\_\_\_\_ The type of mark indicated represents an amendment from that appearing on the original registration,  yes  no.
- D. **Complete this section ONLY if you are adding new classes or deleting old classes.**  
**CLASS NUMBER:** \_\_\_\_\_  Added **or**  Deleted (Complete for each class affected.)  

For each **NEW** class **added**, please **complete** the following:

**DESCRIBE** goods manufactured or sold **and/or** the service that is provided:

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**DESCRIBE** manner in which mark is applied to the goods or used to promote their sale **and/or** the manner in which the mark is used in connection with the service:

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**Attach additional pages, if necessary.**

**E.** I, \_\_\_\_\_ believe  
(Print/Type Name and Capacity)

\_\_\_\_\_  
("Myself", Firm, Association or Corporate Name)

to be the owner of the accompanying mark and that "no other person to the best of my knowledge and belief has the right to use the mark in this state as a mark or as a trade name or as a corporate name either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of the other person, to cause confusion or to cause mistake or to deceive." (10 MRSA §1522.2.D)

\_\_\_\_\_  
Signature of Applicant (Individual, Corporate or Association Officer)

\_\_\_\_\_  
(Mailing Address, City, State and Zip Code)

**F.** Applicant 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 jurisdiction (state) of incorporation/organization is \_\_\_\_\_ and the date of incorporation/organization in its jurisdiction is \_\_\_\_\_

**G.** Date of this application \_\_\_\_\_

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 that one does not believe to be true is punishable as a Class D crime according to the Maine Criminal Code, [17-A MSEA §453](#), "Unsworn Falsification".

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Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR RENEWAL 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 renewal.

The proper fee for filing is **\$60.00 plus \$10.00** for each class that is either added or deleted.

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 **cannot** 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 **and** 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. CLASS NUMBERS:

Classes 1-35 pertain to marks applied to goods manufactured or sold.

Classes 36-43 pertain to marks used in connection with services provided.

If you have a **combined service/trademark** you **must** choose at least two class numbers, at least one number from 1 to 35 and at least one number from 36 to 43.

#### MANNER OF USE:

Some examples of manner of use are: labels on the product, containers for the goods, business cards and newspaper ads for a particular service.

#### E. NAME, ADDRESS AND CAPACITY OF APPLICANT:

Type or print the name of the person signing. If the applicant is a corporation, the person signing must be an officer of the corporation and must provide a corporate title. If the applicant 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. The applicant must sign the application and add the mailing address, city, state and zip code.

**F. TYPE OF APPLICANT:**

Check the box that applies to you. If you check "other", be sure to explain who (what type of entity) the applicant is. If the applicant 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.

**G. DATE OF APPLICATION:**

Provide the date (month, day and year) on which the application was completed and signed. The date the application was executed **cannot** be a date in the future.

**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.

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Please remit your payment made payable to the Secretary of State.

**Submit the completed form to: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101  
TEL. (207) 624-7752**