

Filing Fee \$10.00

MARK

STATE OF MAINE

**VOLUNTARY CANCELLATION
OF REGISTRATION OF MARK**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to [10 MRSA §1527.1B](#), the undersigned hereby applies to the Secretary of State of Maine to voluntarily cancel the following mark registration:

A: Charter Number (if known): _____

B: 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: The mark registration is voluntarily cancelled upon the filing of this request.

DATED _____

*By _____

(signature of registrant or assignee of record)

(type or print name and capacity)

* This document **MUST** be signed by the registrant OR the assignee of record. ([10 MRSA §1527.1B](#))

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

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
 Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
 Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) (Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)