

MARK

STATE OF MAINE

APPLICATION FOR RENEWAL

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____</p> <p>Deputy Secretary of State</p>
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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:

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):

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

- 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:

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:

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".

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**

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business 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 order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name 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
111 Sewall Street, 4th Floor
Augusta, ME 04330

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.

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**