

Filing Fee \$40.00

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:

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) _____

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. Amendments to Type 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 _____

3. Whereas, I _____ believe
(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
 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. Dated: _____ 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 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 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 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. 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.

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