

Form must be filed electronically.

Paper forms are not accepted.

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Statement of Trademark Registration of an Estate, a Trust, a State or an Other Jurisdiction

filed pursuant to § 7-70-102 of the Colorado Revised Statutes (C.R.S.)

1. (Complete the following statement by marking the applicable box. **Caution:** Mark only one box.)

The person delivering this statement is

- an estate.
- a trust.
- a state.
- a jurisdiction other than a state.

2. The true name of such person is _____.

3. The principal address of such registrant and, if different, the mailing address of such registrant are

Principal (street) address

(Street number and name)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country)

4. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

- Such person does not maintain a registered agent in this state and the mailing address to which service of process in any proceeding based on a cause of action with respect to the statement of trademark registration may be mailed pursuant to section 7-70-108, C.R.S. is

(Street number and name or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country)

OR

- Such person maintains a registered agent in this state and such registered agent's name and address are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(**Caution:** Do not provide both an individual and an entity name.)

Street address _____
(Street number and name)

(City) CO _____
(State) (Zip Code)

Mailing address _____
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) CO _____
(State) (Zip Code)

The person appointed as registered agent has consented to being so appointed.

5. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

The trademark is a standard character trademark and the characters constituting the trademark are

_____.

OR

The trademark is a special form trademark and a description of the attached drawing is

_____.

6. A detailed description of the goods or services in connection with which the trademark is used is

_____.

The class into which such goods or services fall is _____
(Class)

7. A description of the attached specimen sufficient to identify the nature of the specimen is

_____.

8. The date of first use in commerce of the trademark in this state by such person or such person's predecessor in interest is _____
(mm/dd/yyyy)

9. The registrant identified above is currently using the trademark in commerce in this state and such registrant believes, in good faith, that such registrant has the right to use the trademark in connection with the goods or services listed above and such registrant's use of the trademark does not infringe the rights of any other person in that trademark.

10. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

11. The true name and mailing address of the individual causing this document to be delivered for filing are

| | | | |
|--|----------------|--------------------------|-----------------|
| _____ | _____ | _____ | _____ |
| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| _____ | | | |
| <i>(Street number and name or Post Office Box information)</i> | | | |
| _____ | | | |
| _____ | | | |
| <i>(City)</i> | <i>(State)</i> | <i>(Postal/Zip Code)</i> | |
| _____ | | _____ | |
| <i>(Province – if applicable)</i> | | <i>(Country)</i> | |

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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