Form must be filed electronically.
Paper forms are not accepted.
This copy is a sample and cannot be submitted for filing.

Statement of Renewal of Trademark Registration of an Individual Resident of Colorado, a Non-Reporting Domestic Limited Partnership, a Dissolved or Delinquent Reporting Entity or a Converted Entity
filed pursuant to § 7-70-104 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, if applicable, and the true name of the trademark registrant are

   Entity ID number
   (If applicable) __________________________
   (Colorado Secretary of State ID number)

   True name ____________________________________________.

2. The trademark ID number of the trademark to be renewed and the trademark as stated in the statement of trademark registration are

   Trademark ID number __________________________

   Trademark ____________________________________________________________________________________.

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) ____________________________    __________
   (Zip/Postal 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) ____________________________    __________
   (Zip/Postal Code) ____________________________    __________
   (Province – if applicable) ____________    __________
   (Country)

   (If applicable, adopt the following statement by marking the box.)
   □ The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. (Caution: Leave blank unless deleting goods or services.)
   The goods or services with respect to which the trademark is no longer used are ____________________________________________________________________________________.

5. Such registrant is currently using the trademark in commerce in this state in connection with the goods or
services described in the statement of trademark registration, excluding any goods or services identified above.

6. Such registrant believes, in good faith, that such registrant has the right to use the trademark in commerce in this state in connection with the goods or services, excluding any goods or services identified above, and such registrant’s use of the trademark does not infringe the rights of any other person in that trademark.

7. A current specimen of the trademark is attached.

8. (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.

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

____________________  ______________  ______________  ________
(Last)  (First)  (Middle)  (Suffix)

____________________________________________________
(Street number and name or Post Office Box information)

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

(Province – if applicable)  (Country)

(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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