

Form must be filed electronically.

Paper forms are not accepted.

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Statement of Renewal of Trademark Registration of an Individual Not a Resident of Colorado or an Entity Not Required to Maintain a Registered Agent

filed pursuant to § 7-70-104 of the Colorado Revised Statutes (C.R.S.)

1. The true name of the trademark registrant, the trademark ID number of the trademark to be renewed and the trademark as stated in the statement of trademark registration are

True name _____

Trademark ID number _____

Trademark _____

2. 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.

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

- Such registrant 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

Mailing address _____
(Street number and name or Post Office Box information)

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

(Province – if applicable) (Country)

OR

- Such registrant 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)

- (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.

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

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.

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.

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.

Disclaimer:

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