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Paper forms are not accepted.

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Statement of Transfer of Trademark Registration
Transferring a Trademark to a Non-Reporting Entity
filed pursuant to § 7-70-106 of the Colorado Revised Statutes (C.R.S.)

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

Entity ID number _____
(if applicable) (Colorado Secretary of State ID number)

True name _____

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

Trademark ID number _____
(Colorado Secretary of State ID number)

Trademark _____

3. The transferee is an entity other than a reporting entity ("non-reporting entity").

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

Such transferee is a general partnership.

The true name of at least one general partner of such general partnership is

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

OR

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

OR

Such transferee is *not* a general partnership and the true name of such transferee is

5. For such transferee, its form of entity and the jurisdiction under the law of which it is formed are

Form of entity _____

Jurisdiction _____

6. The principal address of such transferee and, if different, the mailing address of such transferee 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)

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

- Such transferee 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) (Zip/Postal Code)

(Province – if applicable) (Country)

OR

- Such transferee 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.

8. (Mark the applicable box. **Caution:** Mark only one box.)

- Such registrant has transferred to such transferee the rights to the trademark, including all associated goodwill, to which such statement of trademark registration pertains.

OR

- Such transferee has by operation of law succeeded to the rights to the trademark, including all associated goodwill, to which such statement of trademark registration pertains.

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

- This document contains additional information as provided by law.

10. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:

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11. 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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