SECRETARY OF THE STATE OF CONNECTICUT



MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE OF RENEWAL OF A COLLECTIVE MARK

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

OSE INK. COMI LETE ALL SECTIONS. I KIN	TON THE ATTAON ON 2 X TO SHEETS II NECESS	AIXI.
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
ADDRESS:		OF STATE
CITY:		
STATE:	ZIP:	
1. NAME OF APPLICANT/OWNER	₹:	
2. STATE OF FORMATION OF TH	E OWNER (IF OTHER THAN A NATURAL PERSO	N):
		,
3. NEW ADDRESS OF OWNER (IF	FAPPLICABLE)	
ADDRESS:		
CITY:		
STATE:	ZIP:	
4. CONNECTICUT REGISTRATIO	N NUMBER:	
	E SUBJECT OF THIS APPLICATION, ASSERTS THAT PLIES FOR RENEWAL OF THE REGISTRATION BEA	
	ARE UNDER THE PENALTIES OF FALSE OREGOING APPLICATION ARE TRUE.	STATEMENT THAT THE
DATED THIS	DAY OF	, 20
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
THE APPLICANT MUST SUBMIT THREE S	PECIMENS OR PHOTOGRAPHS OF THE MARK AS	ACTUALLY USED IN THIS STATE.

FORM ACM-1-1.0 Rev. 6/2014