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

APPLICATION FOR CERTIFICATE OF RENEWAL OF A CERTIFICATION MARK

(CAN BE FILED ONLY WITHIN 6 MONTHS PRIOR TO THE EXPIRATION OF A REGISTRATION)

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

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $50

MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"

1. NAME OF RECORD OWNER:

2. STATE OF FORMATION OF THE OWNER *(IF OTHER THAN A NATURAL PERSON):*

3. NEW ADDRESS OF OWNER *(IF APPLICABLE)*

ADDRESS:

CITY:

STATE: ZIP:

4. CONNECTICUT REGISTRATION NUMBER:

THE OWNER OF THE MARK, WHICH IS THE SUBJECT OF THIS APPLICATION, ASSERTS THAT THE MARK HAS BEEN AND IS STILL IN USEIN CONNECTICUT. THE OWNER HEREBY APPLIES FOR RENEWAL OF THE REGISTRATION BEARING THE NUMBER STATED IN NUMBER 4 ABOVE.

5. EXECUTION - I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION IS TRUE.

DATED THIS _____ **DAY OF** _____ **, 20** _____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

THE APPLICANT MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK AS ACTUALLY USED IN THIS STATE.