



Phone: (503) 986-2200  
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### Trade and Service Marks—Assignment or Cancellation

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

**Check the appropriate box below:**

- TRADE AND SERVICE MARK ASSIGNMENT**  
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 12)
- TRADE AND SERVICE MARK CANCELLATION**  
(Complete only 1, 2, 3, 4, 10, 11, 12)

**REGISTRY NUMBER:** \_\_\_\_\_

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

<p>1) <b>CORRESPONDENT NAME AND MAILING ADDRESS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4) <b>TRADE OR SERVICE MARK DESCRIPTION</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2) <b>OWNER OR ASSIGNOR'S NAME AND ADDRESS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>3) <b>DATE MARK WAS ORIGINALLY FILED</b></p> <p>_____</p>	<p>_____</p> <p>_____</p>

**ASSIGNMENT ONLY**

5) **CLASS NUMBER(S) FOR WHICH MARK WAS REGISTERED**

\_\_\_\_\_

6) **NAME AND BUSINESS ADDRESS OF ASSIGNEE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) **IF THE ASSIGNOR IS A CORPORATION, ENTER THE STATE OF INCORPORATION.**

\_\_\_\_\_

8) **IF THE ASSIGNEE IS A CORPORATION, ENTER THE STATE OF INCORPORATION.**

\_\_\_\_\_

9) **EXECUTION**

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, ASSIGNOR does hereby assign onto the ASSIGNEE all right, title, and interest in and to the mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark), and the registration thereof.

Assignor Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CANCELLATION ONLY**

10) **REGISTRY NUMBER**

\_\_\_\_\_

11) **Execution**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FEES**

Required Processing Fee \$50  
Processing Fees are nonrefundable.

Please make check payable to  
"Corporation Division."

**NOTE:**

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

12) **CONTACT NAME** (To resolve questions with this filing.) \_\_\_\_\_ **DAYTIME PHONE NUMBER** (Include area code.) \_\_\_\_\_