



CATHY COX
Secretary of State

**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**
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Trademark Search and Status Information on the Internet
<http://www.sos.state.ga.us/corporations/marksearch.htm>

WARREN H. RARY
Director

CURTIS A. WISE
Trademark Administrator

**APPLICATION FOR REGISTRATION
TRADEMARK OR SERVICE MARK**

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET # _____	REGISTRATION # _____	MARK VERIFICATION _____
DOCKET CODE _____	DATE FILED _____	AMOUNT RECEIVED _____
		CHECK/RECEIPT # _____

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.

In compliance with the requirements of O.C.G.A. §10-1-442, the undersigned, having adopted and used a Trademark or Service Mark in this state for the purposes provided in the Code Chapter and desiring to file the same for public record in the Office of the Secretary of State of Georgia, does hereby certify the following:

- Name of Applicant _____
- Principal Business Address _____ City _____ State _____ Zip Code _____
- If applicant is a corporation, please indicate the state of incorporation: _____
- Describe the mark. The description you provide is the way the mark will be registered. (See General instructions) *(Attach additional sheet if necessary)*

- (A) If a trademark, what goods are offered or sold under the mark? OR (B) If a service mark, what services are provided under the mark?

- Class No: _____ (A separate application must be filed for each class in which a registration of the mark is sought.)
- Date of first use of the mark by applicant, predecessor, or licensee. (Give Month, Day and Year)
(A) anywhere: _____ (B) In Georgia: _____
- The applicant is the owner of the mark described herein and, to the best of his/her knowledge, no other person except the applicant has the right to use such mark in this State either in its identical form or in such near resemblance thereto as to be likely to cause confusion or mistake, or to deceive.
Signature of Applicant _____ Print Name _____
Official Title (If signing for a corporation) _____ Phone Number _____

Mail or deliver to the Secretary of State, at the above address, the following:

- This COMPLETED application.
- Three (3) specimens of the mark as currently used. (May be 3 samples of the same specimen. If Trademark, should be actual label or packaging used on product. If Service mark, should be advertising such as newspaper ad, brochure, etc. depicting the service rendered.)
- A filing fee of \$15.00 payable to Secretary of State. Filing fees are NON-refundable.

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me this _____ Day of _____ 20, _____
My Commission Expires _____

NOTARY PUBLIC