



CATHY COX  
Secretary of State

**OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION**  
Suite 315, West Tower, 2 Martin Luther King Jr., Drive  
Atlanta, Georgia 30334-1530  
(404) 656-2861  
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 \_\_\_\_\_ 19, \_\_\_\_\_

My Commission Expires \_\_\_\_\_

NOTARY PUBLIC