



STATE OF ILLINOIS
**TRADEMARK OR SERVICEMARK
 ASSIGNMENT APPLICATION**

Complete and Return with \$5 Recording Fee
Must be typewritten or legibly printed in black ink

WHEREAS:

1. Name of Present Owner _____
Assignor

2. Business Address _____
Street

_____ *City* *State* *ZIP Code*

3. Is present owner a **(check one)**

Corporation Union General Partnership Limited Liability Partnership (LLP)

Individual Association Limited Partnership (LP) Limited Liability Company (LLC)

Other (specify) _____

4. A. If a **Corporation, LP, LLP, or LLC**, in what state is it organized? _____

B. If an **LP or LLP** what is the name of one of the general partners? _____

5. Has adopted and used the _____
(trademark or servicemark)

which is registered under number _____ as of _____, 20____
(original registration date)
 in the Office of the Secretary of State of Illinois.

NOW, THEREFORE, to all whom it may concern:
 Be it known that for good and valuable consideration, the receipt of which is hereby acknowledged, said owner has sold, assigned, and transferred the registered mark, and by these presents does sell, assign and transfer unto:

6. Name of New Owner _____
Assignee

7. Business Address _____
Street

_____ *City* *State* *ZIP Code*

8. Is new owner a **(check one)**

Corporation Union General Partnership Limited Liability Partnership (LLP)

Individual Association Limited Partnership (LP) Limited Liability Company (LLC)

Other (specify) _____

9. A. If a **Corporation, LP, LLP, or LLC**, in what state is it organized? _____

B. If an **LP or LLP**, what is the name of one of the general partners? _____

10. The entire right, title and interest in and to the said _____
(trademark or servicemark)

and the registration thereof, together with the good will of the business in connection with which the said mark is used, or with that part of the goodwill of the business connected with.

The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

X _____
Signature of Assignor (Old Owner)

Type or Print Name of Assignor

Official Capacity

RETURN TO:
Secretary of State's Office
Department of Business Services
Trademark Division
3rd Floor, Howlett Building
Springfield, IL 62756

(217) 524-0400
<http://www.cyberdriveillinois.com>