STATE OF MONTANA

Prepare, sign and submit an ORIGINAL AND COPY with fee.
This is the minimum information required.

(This space for use by the Secretary of State only)

Form: **TM-3**
Filing Fee: $20.00

☐ **Priority Filing Add $20.00**

AFFIDAVIT *of* CHANGE *of* OWNERSHIP
for TRADEMARK *or* SERVICE MARK

MAIL: **BOB BROWN**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: ☎(406)444-3665
FAX: (406)444-3976
WEB SITE: ***www.state.mt.us/sos***

Whereas_____,
(Previous registered owner)
of _____,
(address) (city, state, zip)

registered in the Office of Secretary of State of the State of Montana, the mark, known as:

_____
(Name of mark)

under Registration No._____ dated _____, and

Whereas_____
(Present owner)
of_____
(address) (city, state, zip)

has acquired said mark by: (briefly explain how acquired)

_____

_____

_____

and holds all rights, title and interest in and to the said mark together with the good will of the business symbolized by the same, and registration thereof.

By:_____
(Name of Assignor)

_____
(Official title)

Subscribed and sworn to before me this_____day of_____,20_____

_____
Notary Public in and for the
State of_____
Residing at_____
My commission expires_____