

Mark Registration Application

SDCL 37-6-5

State of South Dakota

Filing Fee: \$50.00 - please make check payable to the Secretary of State
Attach three samples or facsimiles of the Mark

1. Applicant: _____

Address: _____ City: _____

County: _____ State: _____ Zip _____

Business Telephone Number: _____

2. If a Corporation, where incorporated: _____

3. If a partnership, list name and address of partner(s): _____

4. Name of Mark: _____

5. Description of goods or services connected with Mark: _____

6. Mode or manner in which the Mark is used: _____

7. Classification of Goods or Services Number: _____

8. Date the Mark was first used by Applicant or Predecessor:

a. In the United States: _____

b. In the State of South Dakota: _____

State of _____)
) §§
County of _____)

I, _____, _____
(Name) (Title)

of _____
(Corporation-Partnership-Association)

do solemnly swear that the above named applicant is the owner of the Mark and that no other person has the right to use such Mark in the State of South Dakota either in the identical form thereto as might be calculated to deceive or to be mistaken therefore.

Dated: _____ By: _____

(Title)

Subscribed and sworn to before me this _____ day of _____.
(Month/Year)

Notary Public

(SEAL)

My commission expires _____

Return to:
SECRETARY OF STATE
State Capitol Building
500 East Capitol
Pierre, SD 57501
(605)773-5666
e-mail kea.warne@state.sd.us