



THE STATE of ALASKA

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

RENEWAL Application Only

Service Mark Renewal

(AS 45.50)

- For a "How To" guide to successfully register a service mark, as well as a list of FAQs, visit our website at www.Corporations.Alaska.Gov and select Register a Trademark.
If the registrant's information has changed since the previous registration or renewal was filed, please file an "Amended Registrant Information" form (#08-4737).
Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

1. Important: This application is only for a SERVICE MARK RENEWAL. AS 45.50.010-.205
This application is only for a service mark that has been registered with this office and is available for renewal within 6 months before the service mark's expiration date.
A Service Mark Renewal is a time for re-evaluation of a registered service mark. Please note that service mark registrations may potentially require amendments or may be cancelled if it is found that:
- The mark was improperly processed in the initial application;
- The mark has become generic (Example: "Trampoline" or "Escalator");
- The mark has been denied by the U.S. Patent and Trademark Office; or,
- The mark is cancelled for a reason provided under AS 45.50.140.
This service mark registration is valid only in the State of Alaska for a period of five (5) years. The Corporations Section does not check an application against other states' registrations, or registrations on file with the U.S. Patent and Trademark Office. You are strongly advised to conduct a thorough search of your mark. If you require assistance, you are advised to seek the services of an attorney or other qualified professional specializing in the area of trademark law.

2. Fee: [] \$50 Nonrefundable Filing Fee (CORF) AS 45.50.080

3. Registrant Information (Entity or Individual): AS 45.50.070 and AS 45.50.020(1)
Name of Registrant:
Service Mark Number:
Mailing Address:

4. Service Mark Samples (submit **THREE** (3) samples of the mark):

AS 45.50.070(b) and
AS 45.50.200(10)

I have attached three (3) samples of my service mark that:

- a. demonstrates actual use of the mark in commerce; and
- b. matches the class of goods on record.

Note: The three samples may be a combination of the same image or different images of the mark.



- Provide clear images that are in focus
- Photograph or crop your samples so that the image fills up most of the box below
- Be sure that all three images show the actual use of your mark

5. Required Signature:

AS 45.50.070, AS 45.50.030, and
AS 45.50.160

IMPORTANT:

By signing this application I declare, under penalty of perjury, that this application is true and complete, including any information provided in this application and the following statements:

- the applicant is the owner of the service mark;
- the service mark is in use; and,
- to the knowledge of the individual signing the application, no other person has the right to use the mark either in the identical form or in a near resemblance to it as to be likely, when applied to the goods or services of another person, to cause confusion or mistake or to deceive.

The signer must be the applicant, or a member of the firm or an officer of the corporation, partnership, or association applying for the service mark as listed in ITEM 3 of this application.

Persons who sign documents filed with the Commissioner that are known to the person to be false in material respects are guilty of a Class A misdemeanor.

Signature: _____

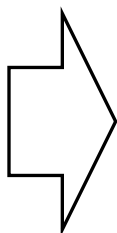
Date: _____

Printed Name: _____

Title of Authorized Signer: _____

If the trademark is owned by an entity (listed in Item #3), then the signer must identify their signing authority, such as: corporation President or LLC Member. Example: John Doe, President of owning entity XYZ Incorporated.

Before mailing this renewal application, have you...



- ✓ completed all questions on the form?
- ✓ attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ signed and dated the renewal form?
- ✓ attached three samples of the service mark?



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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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