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

<b>AMENDED</b>	Registrant	Information	Only
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## Change to TRADEMARK'S Registrant (Owner) Information

(AS 45.50)

- For a "How To" guide to successfully register a trademark, as well as a list of FAQs, visit our website at www.Corporations.Alaska.Gov and select *Register a Trademark*.
- 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 form is <u>only</u> to amend the <u>current registrant's</u> (owner's) information.	AS 45.50.010205

An "Amended Registrant Information" form may be used to <u>amend the current registrant's</u> (owner's) information, without change of ownership, on a trademark registered with the State of Alaska. An amendment to the registrant's information may be a result of: entity conversion, entity domestication, a legal name change of an entity or an individual, a change of physical and/or mailing address, or a change of partners. A change in registrant information will not extend the term of a mark; the mark will maintain its current expiration date. A Certificate of Amended Trademark Registration will be issued upon approval of this form, reflecting the changes to the registrant's information.

If the trademark has changed registrants (owners), use the "Assignment of Trademark" form (#08-556).

A trademark registration is valid only in the State of Alaska. The Corporations Section does not check an application against other states' registrations, or registrations on file with the U.S. Patent and Trademark Office. If you require assistance, you are advised to seek the services of an attorney or other qualified professional specializing in trademark law.

2.	Fee:	☐ \$25 Nonrefundable Filing Fee	(CORF)	AS 45.50.120(b)	
		and the non-refundable \$25 filing fee in Uer payable to the State of Alaska, or use t			
3.	3. Registrant's Current Information on Record:  AS 45.50.020				
	Name of Curre	ent Registrant:			
	Trademark Re	egistration Number:			
	Mailing Addres	ss: 			

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4.	Registrant's NEW Information:		AS 45.50.125
	NEW Name of Registrant:		
	Physical Address:		
	Mailing Address:		
_	Deviations Information		A C 45 50 000(4)(a) and (b)
5,	Registrant Information:		AS 45.50.020(1)(a) and (b)
	a. Registrant Type:		
	Corporation (INC, LLC, LP, LLP)	Partnership	Sole Proprietor
	b. Home State of Organization:		
	c. If the Entity is a Partnership, list all General Partnership	ers:	
	<u>1.</u>	2	
	3.	4	
10.	Required Signature of CURRENT Registrant in Item	3:	AS 45.50.030 and AS 45.50.200
10.	Required Signature of CURRENT Registrant in Item  IMPORTANT:	3:	
10.	, ,	ury, that this application	AS 45.50.200 is true and complete,
10.	IMPORTANT:  By signing this application I declare, under penalty of perj	ury, that this application	AS 45.50.200 is true and complete,
10.	IMPORTANT:  By signing this application I declare, under penalty of perjincluding any information provided in this application and	ury, that this application	AS 45.50.200 is true and complete,
10.	IMPORTANT:  By signing this application I declare, under penalty of perjincluding any information provided in this application and  • the applicant is the owner of the trademark;	ury, that this application the following statements ication, no other person ablance to it as to be like	AS 45.50.200 is true and complete, s: has the right to use the sly, when applied to the
10.	<ul> <li>IMPORTANT:</li> <li>By signing this application I declare, under penalty of perjincluding any information provided in this application and</li> <li>the applicant is the owner of the trademark;</li> <li>the trademark is in use; and,</li> <li>to the knowledge of the individual signing the applicant in the identical form or in a near resemble.</li> </ul>	ury, that this application the following statements ication, no other personablance to it as to be like fusion or mistake or to come or an officer of the corp	AS 45.50.200  is true and complete, ::  has the right to use the ally, when applied to the leceive.
10.	<ul> <li>IMPORTANT:</li> <li>By signing this application I declare, under penalty of perjincluding any information provided in this application and</li> <li>the applicant is the owner of the trademark;</li> <li>the trademark is in use; and,</li> <li>to the knowledge of the individual signing the applicant with a penalty of the individual signing the applicant of the signer must be the applicant, or a member of the firm</li> </ul>	ury, that this application the following statements ication, no other personablance to it as to be like fusion or mistake or to compose the corp of this application.	is true and complete, :: has the right to use the ely, when applied to the leceive. foration, partnership, or
10.	IMPORTANT:  By signing this application I declare, under penalty of perjincluding any information provided in this application and  • the applicant is the owner of the trademark;  • the trademark is in use; and,  • to the knowledge of the individual signing the applicant with the identical form or in a near resem goods or services of another person, to cause contact The signer must be the applicant, or a member of the firm association applying for the trademark as listed in ITEM 3.  Persons who sign documents filed with the Commissione respects are guilty of a Class A misdemeanor.  Signature:	ury, that this application the following statements ication, no other personablance to it as to be like fusion or mistake or to come of this application.  That are known to the pare of that are known to the pare:	is true and complete, :: has the right to use the ely, when applied to the leceive. foration, partnership, or
10.	IMPORTANT:  By signing this application I declare, under penalty of perjincluding any information provided in this application and  • the applicant is the owner of the trademark;  • the trademark is in use; and,  • to the knowledge of the individual signing the applicant with the identical form or in a near resem goods or services of another person, to cause condition applying for the trademark as listed in ITEM 3. Persons who sign documents filed with the Commissione respects are guilty of a Class A misdemeanor.  Signature:  Printed Name:	ury, that this application the following statements ication, no other person ablance to it as to be like fusion or mistake or to come of this application.  That are known to the parts of the come of	AS 45.50.200  is true and complete, s:  has the right to use the ely, when applied to the eleceive. Foration, partnership, or erson to be false in material
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- 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:				
Maining Address.	City: State: ZIP:				
Phone:					
Email:					
Document Return Add	ress Provide an address for the return of your filed documents.				
Return my filings to	the address provided ABOVE				
Return my filings to	Return my filings to this address provided <b>BELOW</b>				
Company:					
Contact:					
Mailing Address:	Address:				
Mailing Address:	City: State: ZIP:				

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State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

<b>Credit Card Payment F</b>	orm	
All major credit cards are accepted Include this credit card payment fo	I. For security purposes, <u>do not email</u> credit card information with your application.	on.
Name of Applicant or Licensee: _		
Program Type:	License Number (if applicable):	
I wish to make payment by credit c	eard for the following (check all that apply):	OUNT
Application Fee:		
License or Renewal Fee: _		
Other (name change, wall c	ertificate, fine, duplicate license, exam, etc.):	
1	· · · · · · · · · · · · · · · · · · ·	
	TOTAL.	
Name (as shown on credit card):		
Mailing Address:		
Phone Number:	Email <i>(optional)</i> :	
Signature of Credit Card Holder:	[	
08-4438 Rev 12/26/18	Credit Card Payment Form (all major cards ac	ccepted)
CREDIT CARD INFO: Your pa	nyment cannot be processed unless all fields are comp	oleted!
1. Account Number:	All four fields N	
<b>2.</b> Expiration Date:	be complete	
<b>3.</b> Billing ZIP Code:	This section w	
<b>4.</b> Security Code:	payment is proc	