Form 902 (Revised 10/23)

## Renewal Fee: \$25 per class



# Application for Renewal of a Trade or Service Mark

1. BUSINESS STRUCTURE OF APPLICANT (Check One):							
Corporation		General Partnership	)				
(State of Incorporation):		(State of Organization)	:				
Limited Liability Company		Sole Proprietor/Ind	ividual				
(State of Organization):		(State of Residency):	te of Residency):				
Limited Partnership		Other (Please descr	escribe):				
(State of Organization):	(State of Organization):						
Names of General Partners (If Applicant is a Partnership; attach additional sheet if necessary):							
First Name Midd	le/Initial Last Nar	ne Suffix	Business Entity Name				
First Name Midd	le/Initial Last Nar	ne Suffix	Business Entity Name				
	Lust i ui	Julie Sullik					
First Name Midd	le/Initial Last Nar	ne Suffix	Business Entity Name				
2. NAME OF APPLICANT (Owner of mark – individual, corporation, or other entity applying for registration):							
3. BUSINESS ADDRESS OF APPLICANT:							
Street							
Suite/Apartment Number (if applicable)							
City	State	Zip Code	Country				
Is International Address							
Submitter Phone Number:	Applicant E	mail Address:	Registration No.:				

### 4. DESCRIPTION OF MARK:

#### 5. CLASSES:

**#1:** *Please mark specimen with class number.* Class Number:

Class Description (If a trademark, list specific goods. If a service mark, list specific services):

## \*At least "1" specimen supporting each class of use must be submitted.

**#2:** *Please mark specimen with class number.* 

Class Number:

Class Description (If a trademark, list specific goods. If a service mark, list specific services):

# \*At least "1" specimen supporting each class of use must be submitted.

# 6. Declaration of Ownership

Applicant declares that the applicant is the owner of the mark, that the mark is in use, and that to the knowledge of the person verifying the application, no other person has registered the mark, either federally or in this state, or is entitled to use the mark in this state, either in the identical form used by the applicant or in a form that is likely, when used on or in connection with the goods or services of the other person, to cause confusion or mistake, or to deceive, because of its resemblance to the mark.

My name is		. My date of birth is		_ and my address is:			
Street City State Zip Code Country   I have read the above Declaration of Ownership as well as the attached Application for Renewal of a Trade or Service Mark, and I declare under penalty of perjury that all the statements in the foregoing are true and correct. .							
Executed in	County, State of	, on the	day of	, 20			
By signing (or typing if electronic submission) your name below, you acknowledge that you are signing (or electronically signing) this document as the Owner (Applicant) or an Authorized Representative of the Owner (Applicant) of the Trademark and/or Service Mark.							
Authorized Person	7	Litle					