



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0377 • Web Address: www.sos.wa/corps

This Box For Office Use Only

Classification \$50 Per Class

Expedited Service \$50

## TRADEMARK RENEWAL

Chapter RCW 19.77

TRADEMARK REGISTRATION NUMBER: \_\_\_\_\_

### TRADEMARK/SERVICE MARK CLASSIFICATION

TRADEMARK CLASSIFICATION (S): *(see list of goods and services BELOW, multiple classes can be filed on a application)*

**\$50 PER CLASSIFICATION**

### GOODS OR SERVICE CLASSIFICATION NUMBERS:

*(See [WAC 434-12-015](#) for a complete description of each classification)*

Goods	Goods	Services
1. Chemical	18. Leather Goods	35. Advertising & Business
2. Paints	19. Nonmetallic Building Materials	36. Insurance & Financial
3. Cosmetic & Cleaning	20. Furniture & Other Articles	37. Construction & Repair
4. Lubricants & Fuel	21. House wares & Glass	38. Telecommunications
5. Pharmaceuticals	22. Cordage and Fibers	39. Transportation & Storage
6. Metal Goods	23. Yarns and Threads	40. Treatment of Materials
7. Machinery	24. Fabrics	41. Education & Training
8. Hand tools	25. Clothing	42. Scientific & Technological
9. Electrical & Scientific	26. Fancy Goods	43. Food, Drink & Lodging
10. Medical Apparatus	27. Floor Coverings	44. Medical, Veterinary & Hygienic
11. Environmental Control Apparatus	28. Toys & Sporting Goods	45. Personal & Social
12. Vehicles	29. Meats & Processed Foods	
13. Firearms	30. Staple Foods	
14. Jewelry	31. Natural Agricultural Products	
15. Musical Instruments	32. Light Beverages	
16. Paper Goods & Printed Matter	33. Wines and Spirits	
17. Rubber Goods	34. Smoker's Articles	

**APPLICANT INFORMATION**

ENTITY NAME: *(if applicable)* \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS:  *(check box if same as correspondence)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**OWNER**

TRADEMARK/SERVICE MARK OWNER: *(Must match owner on file. An assignment of trademark is required to be filed first if owner has changed)*

UBI Number: *(If recorded with the Secretary of State in Washington. If foreign entity, identify state of jurisdiction.)*

\_\_\_\_\_

STATE OF JURISDICTION:

MAILING ADDRESS:  *(check box if same as applicant)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLACEMENT**

**DESCRIBE HOW THE TRADEMARK IS AFFIXED TO GOODS OR DISPLAYED WITH SERVICES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAMPLES**

**SAMPLE(S):** Attach a minimum of one current sample of the mark for each classification number to this application.

Acceptable samples must:

- 1) Be clearly visible on the goods or displayed with the services
- 2) Demonstrate use in commerce

**SAMPLE(S) MUST BE ATTACHED TO THIS APPLICATION OR IT WILL NOT BE PROCESSED**

**SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE**

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

**X**

*Signature*

*Printed Name & Title*

*Date*

**INSTRUCTIONS - TRADEMARK RENEWAL**

**Please complete all sections of the Trademark Renewal. USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)**

**Trademark/service mark classification (s): \$50 per classification**

Please identify the goods or services by selecting the classification numbers associated with the areas of commerce the mark will be use with or on. Multiple classification numbers can be use for one mark. For complete description of classifications, please see WAC 434-12-015.

**Trademark number:**

Please use the trademark number associated with original registration filing.

**Applicant Information:**

Provide information of entity or individual filing the Trademark Renewal.

**Owner:**

Provide information of the mark owner. The mark owner must match the owner on file with Secretary of State. If the owner has changed, please file Trademark Assignment **FIRST** before submitting Trademark Renewal.

**Placement:**

Describe how the mark is affixed to goods or displayed with services provided. Example: "The mark is on trademark registration form on the top left hand corner of first page."

**Samples:**

At least **ONE** sample must be submitted per classification. Samples must clearly show the mark used in commerce exactly as described and can not be in preliminary or draft form. Additional samples are recommended. Samples must clearly show the mark displayed with the services or on the goods. Samples may be original or facsimiles of the mark.

**Mail completed forms and payment to:**

**Office of the Secretary of State  
Corporation & Charities Division  
801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504**

**If you have questions, need assistance or would like to provide feedback, please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377**

**All information supplied on this application is public record.**