



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.gov/corps

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- Filing Fee \$10
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TRADEMARK ASSIGNMENT OF REGISTRATION

Chapter RCW 19.77.060

TRADEMARK REGISTRATION NUMBER: _____	ORIGINAL DATE FILED: _____
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FILING CORRESPONDENCE <i>(Required)</i>	
ENTITY NAME: <i>(if applicable)</i> _____	
FIRST NAME: _____	LAST NAME: _____
TITLE: _____	
MAILING ADDRESS: _____ <i>(check box if same as correspondence)</i>	
CITY: _____	STATE: _____ ZIP CODE: _____
PHONE: _____	EMAIL: _____

TRADEMARK OWNER ASSIGNED TO	
TRADEMARK/SERVICE MARK OWNER: <i>(May be entity, individual, or organization)</i>	
UBI Number: <i>(If recorded with the Secretary of State in Washington. If foreign entity, identify state of jurisdiction.)</i>	
STATE OF JURISDICTION _____	
MAILING ADDRESS: <input type="checkbox"/> <i>(check box if same as correspondence)</i>	
CITY _____	STATE _____ ZIP CODE _____
PHONE _____	EMAIL _____

The present registrant has filed this mark and is assigning this registration and all rights to and interest in this mark, including any good will connected to the mark for valid consideration which has been received.

SIGNATURE OF PRESENT REGISTRANT

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

NOTARY

County of _____)

ss

State of _____)

I, _____ a notary public, do certify that on this _____ day of _____, 20____, personally appeared before me, _____, who being by me first duly sworn, signed the foregoing instrument in my presence, and that the allegations contained therein are true.

(SEAL)

Signed: _____

My commission expires: _____

INSTRUCTIONS - TRADEMARK ASSIGNMENT

Please complete all sections of the Trademark Assignment. USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

Trademark Registration Number:

Please use the trademark number associated with original registration filing and original filing date.

Filing Correspondence:

Provide information of individual or entity filing the trademark assignment of registration.

Trademark Owner Assigned To:

Provide information of the new assigned owner of trademark.

MUST BE SIGNED BY A NOTARY PUBLIC

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 or call 360-725-0377

All information supplied on this application is public record.