

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 CORRECTION

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

Must be filed within ninety days of the original trademark application filing

Trademark number:

Please use the trademark number associated with original registration filing.

Applicant:

Provide information of applicant filing Trademark Correction.

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All information supplied on this application is public record.