



INSTRUCTIONS: TRADEMARK CORRECTION RCW 19.77.030

Purpose: A Trademark Correction may be used only within the first ninety (90) days of the original trademark registration filing. Corrections cannot change the wordmark or logo/design mark itself.

General Instructions: Use Dark Ink Only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at sos.wa.gov/corps/trademark-home.aspx

Mail: Send the completed form and payment to the address listed above.

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be back dated more than 60 days from the date the check is received.

Fees: The filing fee for the Trademark Correction is \$10.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Trademark Registration Number: Provide the Trademark Registration number that was issued by the Washing Secretary of State and the original date the trademark registration was filed.

(2) Trademark Correction: Describe the information from the registration that needs to be corrected. Attach additional pages if necessary. **Corrections to the mark description itself will not be accepted.**

If correcting a classification, then a sample must be submitted showing the marks use in commerce. If the mark is a logo/design mark and colors are referenced in the trademark description, the sample must be provided in color. The sample must reflect the description registered and show the placement as described in Section 3. **You may not submit more classifications than originally filed through a correction.**

Acceptable samples MUST:

- Demonstrate use in commerce.
- Show the Trademark exactly as described.
- Correspond to the classification number(s) selected.
- Provide a printed photo only. Do not provide original merchandise.

(3) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Applicant's address.

(4) Statement Attestation and Signature of Owner or Authorized Representative: Sign, print, provide the signer's title, and date the document. By signing the document the applicant is attesting to the listed statements and executing the submission under penalty of law.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

☐ **Filing Fee \$10**

☐ **To Expedite Filing, Add \$100**

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TRADEMARK CORRECTION

RCW 19.77.030

All fields REQUIRED unless otherwise specified

(1) TRADEMARK REGISTRATION NUMBER:

Registration Number: _____

Original Date Filed: _____

A trademark correction can only be submitted within 90 days of the original date the trademark was registered

(2) TRADEMARK CORRECTION:

Correction may not change the mark description. State the item(s) that need to be corrected. (*Attach additional pages if needed.*)

[illegible]

(3) RETURN ADDRESS FOR THIS FILING: *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Applicant's address.

Attention: _____ **Email:** _____

Address:

City: _____ State: _____ Zip: _____

(4) STATEMENT ATTESTATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:

The Trademark is presently in use in the State of Washington.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature

Printed Name/Title

Date