ASSIGNMENT OF MARKS FORM

(pursuant to s. 132.01(9), Wis. Stats.)

FILING FEE: $15.00 Make check payable to "Secretary of State".

1. **ASSIGNOR** (present registrant): _____

2. **ADDRESS OF ASSIGNOR:** _____

_____

3. **ASSIGNEE** (party acquiring registration) **STATE FULL EXACT NAME:**

_____

4. **IDENTIFY ASSIGNEE** (for example, sole proprietor, corporation, unincorporated business, bank, limited liability company, partnership, association, etc.):

_____

NOTE: If assignee is required to be licensed or registered with any government office, **attach copies** of the most recent registration documents. Copies are not necessary if the assignee's documents are on file in the Corporations Section of the Department of Financial Institutions of Wisconsin. For-profit **foreign corporations** must be licensed to do business in Wisconsin before this assignment can be recorded.

5. **ADDRESS OF ASSIGNEE:** _____

_____telephone:_____

NOTE: The certificate of assignment will be mailed to the above address, unless another is specified here:

_____

6. **IDENTIFY MARK TO BE ASSIGNED:**

_____

_____

7. **REGISTRATION FILING NUMBER AND/OR DATE OF ORIGINAL FILING:**

_____

8. ASSIGNOR MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC:

I, the undersigned, **being duly sworn**, state that: the assignor (present registrant) has adopted and used in the assignor's business the mark identified in paragraph 6 above and has registered the same in the Office of the Secretary of State of Wisconsin; the assignor has sold, assigned and transferred to the assignee named in paragraph 3 above, the business to which such registration pertains; the assignor hereby assigns to said assignee all right, title and interest in and to said registration; that I am the assignor as identified in paragraph 1 above, or am duly authorized by such assignor to execute this assignment on behalf of the assignor.

ASSIGNOR sign here: _____

Print name and title: _____

State of: _____

County of: _____

Subscribed and sworn to before me on this date: _____

Notary's signature: _____

Print notary's name as signed: _____

My commission expires: _____

AFFIX NOTARY SEAL!!

OFFICE MAILING ADDRESS:
Office of the Secretary of State
Attn: Trademark Records
P.O. Box 7848
Madison, WI 53707-7848

OFFICE LOCATION:
30 West Mifflin Street, 10th Floor
Madison, WI 53702

WEBSITE:
http://badger.state.wi.us/agencies/sos