



Trade and Service Marks - Assignment or Cancellation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Check the appropriate box below:

☐ TRADE AND SERVICE MARK ASSIGNMENT

(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

☐ TRADE AND SERVICE MARK CANCELLATION

(Complete only 1, 2, 3, 4, 10, 11)

Print

Reset

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) CORRESPONDENT NAME AND MAILING ADDRESS:

2) OWNER OR ASSIGNOR'S NAME AND ADDRESS:

3) DATE MARK WAS ORIGINALLY FILED: _____

4) TRADE OR SERVICE MARK DESCRIPTION:

ASSIGNMENT ONLY

5) CLASS NUMBER(S) FOR WHICH MARK WAS REGISTERED: _____

6) NAME AND BUSINESS ADDRESS OF ASSIGNEE: (New Owner)

7) IF THE ASSIGNOR IS A BUSINESS, ENTER THE STATE OF FORMATION: _____

8) IF THE ASSIGNEE IS A BUSINESS, ENTER THE STATE OF FORMATION: _____

9) EXECUTION:

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, ASSIGNOR does hereby assign onto the ASSIGNEE all right, title, and interest in and to the mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark), and the registration thereof.

Assignor Signature: _____

Title: _____

Date: _____

CANCELLATION ONLY

10) REGISTRY NUMBER: _____

11) EXECUTION:

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: _____

Date: _____

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee \$50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."