

Whereas	of	in the City of
3	State of	, has adopted, used, and is using the
mark which is registered with	the Secretary of State under Registration	on No, a copy of
which is attached hereto, date	d the ⁶ day of	, and,
Whereas	of	, in the City
of	State of	, is desirous of acquiring said
1		ceipt of which is hereby acknowledged, ⁷ all right, title,
		the business in which the mark is used
(or that part of the good will	of the business connected with the us	se of and symbolized by the mark) and the
Registration No	thereof.	
		Assignor
	By:	

Printed Name

Date



INSTRUCTIONS for Assignment of Registration of Mark

IT IS IMPORTANT that you read and understand these instructions before you begin to complete the assignment form. Failure to complete the form correctly or to provide all the requested information will result in the submission being returned. If you have any questions, contact the secretary of state's office at (515) 281-5204.

- 1. All items must be completed before the assignment can be filed. Other documents or materials may be attached to the application. In such cases, the material or documents should be referenced in the form and clearly marked for ease of identification.
 - **ITEM 1** Insert the name of the party in whose name the trademark registration is currently held, which desires to assign the trademark registration and the mark's associated good will to a different party (*the assignor*).
 - **ITEM 2** Insert the street address of the party identified in #1.
 - **ITEM 3** Insert the city name for the address in #2.
 - **ITEM 4** Insert the name of the state in which the city identified in #3 is located.
 - **ITEM 5** Insert the trademark registration number found in the upper left corner of the trademark certificate of registration under the heading "secretary of state." *Example: 5480TM-000128114.*
 - **ITEM 6** Insert the date the trademark certificate was issued; located on the trademark certificate of registration.
 - **ITEM 7** Insert the name of the party to whom the trademark will be assigned (*the assignee*).
 - **ITEM 8** Insert the street address of the party identified in #7.
 - **ITEM 9** Insert the city name for the address in #8.
 - **ITEM 10** Insert the name of the state in which the city in #9 is located.
- 2. <u>A copy of the certificate of registration must be attached to this form</u>. If you do not have a copy, one may be obtained by calling 515-281-5204.
- 3. The form **must be signed** by the person in whose name the trademark certificate of registration is issued or the duly appointed representative of the person.

NOTES:

- 1. The filing fee is \$5.00. Make checks payable to: SECRETARY OF STATE
- 2. The information you provide will be open to public inspection under lowa Code chapter 22.11.

SECRETARY OF STATE Business Services Division Lucas Building 1st Floor Des Moines, IA 50319

Phone: (515) 281-5204 FAX: (515) 242-5953 Website: www.sos.iowa.gov