

TRADEMARK RENEWAL SERVICE

910 17th St. NW 8th Floor
Washington, D.C. 20006
(202) 584-0073

TRADEMARK OWNER	REGISTRATION NO.	REGISTRATION DATE	CLASS(ES)
			035

*****AUTO**ALL FOR AADC 450

44-8135

TRADEMARK CANCELLATION ADVISORY



REPLY NO LATER THAN 6/30/12

Your trademark has entered its 10th year of registration. **All US Trademark owners must file an Affidavit or Declaration of Use And Application of Renewal in the 10th year of registration to renew the Trademark and avoid having the mark canceled.** Failure to file an Affidavit or Declaration of Use triggers a six month grace period during which you may renew your Trademark by filing the Affidavit late and paying a penalty. If you do not file the Affidavit within the penalty period, the United States Patent and Trademark Office (USPTO) will cancel your mark and you will lose rights to exclusive use of the mark.

Trademark Renewal Service is a business assisting trademark owners in timely complying with all steps necessary to renew trademarks and avoid losing the right to the exclusive use of their trademarks that they enjoy as trademark owners in good standing with the United States Patent and Trademark Office.

Complete this form below and return it in the enclosed envelope with your payment of \$200.00 to receive all documentation to renew your trademark and avoid cancellation and late penalties.

RETURN THIS FORM WITH YOUR CHECK NO LATER THAN 6/30/12 TO AVOID POTENTIAL LATE FEES

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FORM

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TR-10

SECTION 8 AFFIDAVIT INFORMATION

2012

FILE DATA:	TYPE OR PRINT CORRECTIONS BELOW
REGISTRATION NUMBER: [REDACTED] OWNER OF TRADEMARK: [REDACTED] REGISTRATION DATE: [REDACTED] REGISTER: PRINCIPAL INTERNATIONAL CLASSES: 035 GOODS/SERVICES: [REDACTED] DATE OF FIRST USE: [REDACTED]; DATE OF FIRST USE IN CO ENTITY: CORPORATION DOMICILED IN: [REDACTED] USPTO CANCEL DATE: [REDACTED] TRS NUMBER: [REDACTED] TMN1 MARK: MERWYN IDEA SCAN	CONTACT NAME: OWNER OF TRADEMARK: STREET ADDRESS: CITY, STATE, ZIP: PHONE NUMBER: FAX NUMBER: E-MAIL: NAME OF PERSON WHO WILL SIGN APPLICATION (REQUIRED): TITLE (REQUIRED):

ADDITIONAL INFORMATION

Is the Trademark Owner the same as printed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," was an assignment filed with the USPTO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Trademark been in use for at least the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE	PAYMENT AMOUNT
I certify under the penalty of perjury that the above statements are true and correct to the best of my knowledge. Authorized Signatory: _____	AMOUNT ENCLOSED \$200.00

39 USCS/3001: THIS SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY THE FEDERAL GOVERNMENT AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE FEDERAL GOVERNMENT. THE FEE FOR THIS SERVICE IS NOT REQUIRED TO BE PAID BY OR TO ANY GOVERNMENTAL AGENCY. THIS IS NOT A BILL. THIS IS A SOLICITATION. YOU ARE UNDER NO OBLIGATION TO PAY THE AMOUNT STATED ABOVE UNLESS YOU ACCEPT THIS OFFER.

Return to TRS in the enclosed envelope. Do not forget to include your check.

