APPLICANT'S NAME:			
STREET ADDRESS:			
CITY: STATE:		ZIP:	PHONE
IF APPLICANT IS A BUSINES ENTITY, GIVE STATE OF REGISTRATION:			
Applicant is easily to renew			
Applicant is seeking to renew: Trademark Service mark			
Mark Num	ber		
Date of expiration:			
<u> </u>			
The number and class of goods and services			
connected with mark:			Do not write in this space
Briefly describe the goods and services used in connection with the mark:			
The undersigned certifies the mark has been and is still in use in the State of Missouri by the applicant and in the			
manner specified in the original application.			
The applicant is the owner of the trademark or service mark described in the application, and no other person has the			
right to use such mark in Missouri either in identical form or in such near resemblance as might be calculated to deceive			
or be mistaken for original mark.			
In Affirmation thereof, the facts stated above are true and correct:			
(The undersigned understands that false statements made in this filing are subject to penalties under Section 575.040,			
RSMo)			
Complete of Applicant	Title		
Signature of Applicant	Title		Date
Return Acknowledgement to: (Please print)			
Name:			
Address:			
City/State/Zip:			
Return completed application along with the fee of			Section
		PO Box 778 Jefferson City	MO 65102-0778
Charles made novable to Director of Devices	•	oonoroon only,	00102 0770
Checks made payable to: Director of Revenue			