



ASSIGNMENT OF TRADEMARK / SERVICE MARK

State Form 48258 (R2 / 6-06)

Approved by State Board of Accounts, 2006

FILING FEE: \$ 10.00

TODD ROKITA
SECRETARY OF STATE
TRADEMARKS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6540

INSTRUCTIONS:

1. A nonrefundable check or money order in the amount of \$10.00, made to the order of Secretary of State of Indiana, must accompany this completed application.
2. A separate application (and \$10.00 fee) must be filed for each Mark filed.
3. Please type or print.
4. Mail application and fee to address listed in the upper right corner of this form.

TRADEMARK / SERVICE MARK DESCRIPTION / ASSIGNMENT HISTORY	
Name and / or brief description of Mark to be assigned:	
Indiana Secretary of State file number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of registration (month, day, year)
INFORMATION ABOUT THE ASSIGNOR (Current owner of Mark)	
Name	Telephone number ()
Address (number and street, city, state, and ZIP code)	
INFORMATION ABOUT THE ASSIGNEE (Party to acquire Mark)	
Name	If corporation, state of domicile
Address (number and street, city, state, and ZIP code)	
INFORMATION ABOUT THE CONTACT PERSON (If correspondence about this application should go to a party other than the Assignee)	
Name	
Address (number and street, city, state, and ZIP code)	Telephone number ()

DE JURE ASSIGNMENT
<p>WHEREAS, Assignor has adopted and has continuously used the above identified Mark which is registered in the office of the Secretary of State of Indiana; and</p> <p>WHEREAS, Assignee is desirous of acquiring said Mark and registration thereof.</p> <p>NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, the Assignor does hereby assign unto the Assignee all rights, title and interest in and to the said Mark, together with that part of the good will of the business represented by the Mark and the registration thereof.</p>

VERIFICATION STATEMENT
<p>I, _____, affirm under penalty of perjury that I am (check box that applies)</p> <p><input type="checkbox"/> the individual owner, <input type="checkbox"/> a partner, or <input type="checkbox"/> an officer (title) _____ of the Assignor and that, I have read this application and its contents are true and complete to the best of my knowledge.</p>
<p>Signature _____ Date (month, day, year) _____</p>