

# ASSIGNMENT OF MARKS FORM

(pursuant to s. 132.01(9), Wis. Stats.)

**FILING FEE: \$15.00    Make check payable to "Secretary of State".**

**1. ASSIGNOR** (present registrant): \_\_\_\_\_

**2. ADDRESS OF ASSIGNOR:** \_\_\_\_\_

**3. ASSIGNEE** (party acquiring registration) **STATE FULL EXACT NAME:**

**4. IDENTIFY ASSIGNEE** (for example, sole proprietor, corporation, unincorporated business, bank, limited liability company, partnership, association, etc.):

**NOTE:** If assignee is required to be licensed or registered with any government office, **attach copies** of the most recent registration documents. Copies are not necessary if the assignee's documents are on file in the Corporations Section of the Department of Financial Institutions of Wisconsin. For-profit **foreign corporations** must be licensed to do business in Wisconsin before this assignment can be recorded.

**5. ADDRESS OF ASSIGNEE:** \_\_\_\_\_

\_\_\_\_\_ telephone: \_\_\_\_\_

**NOTE:** The certificate of assignment will be mailed to the above address, unless another is specified here:

**6. IDENTIFY MARK TO BE ASSIGNED:**

**7. REGISTRATION FILING NUMBER AND/OR DATE OF ORIGINAL FILING:**

**8. ASSIGNOR MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC:**

I, the undersigned, **being duly sworn**, state that: the assignor (present registrant) has adopted and used in the assignor's business the mark identified in paragraph 6 above and has registered the same in the Office of the Secretary of State of Wisconsin; the assignor has sold, assigned and transferred to the assignee named in paragraph 3 above, the business to which such registration pertains; the assignor hereby assigns to said assignee all right, title and interest in and to said registration; that I am the assignor as identified in paragraph 1 above, or am duly authorized by such assignor to execute this assignment on behalf of the assignor.

**ASSIGNOR** sign here: \_\_\_\_\_

Print name and title: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Notary's signature: \_\_\_\_\_

Print notary's name as signed: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**AFFIX NOTARY SEAL!!**

**OFFICE MAILING ADDRESS:**

Office of the Secretary of State  
Attn: Trademark Records  
P.O. Box 7848  
Madison, WI 53707-7848

**OFFICE LOCATION:**

30 West Mifflin Street, 10<sup>th</sup> Floor  
Madison, WI 53702

**WEBSITE:**

<http://badger.state.wi.us/agencies/sos>