

STATE OF NEW MEXICO **MAGGIE TOULOUSE OLIVER** SECRETARY OF STATE

Trademark Application Instructions

Complete **all** items on the application. The application must be typed or printed in **black ink** and signed by an individual applicant, general partner, or officer of a corporation or an association.

Enclose **three different** specimens of the mark, at least one must contain a **New Mexico physical address.** These must be actual specimens that are being used in commerce. This is a requirement specific to the State of New Mexico.

\$50.00 filing fee (including one class code) plus an additional \$25.00 for each additional class code. The lists of class codes can be found at <u>https://www.sos.state.nm.us/commercial-services/trademarks/international-schedule-of-classes-of-goods-and-services/</u>

Mail entire application along with the required information listed above to:

New Mexico Secretary of State

Business Services Division 325 Don Gaspar, Suite 300 Santa Fe, NM 87501



STATE OF NEW MEXICO MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Application for Registration of Trademark/Service Mark

1. Name of applicant:		
2. Business address:		
3. If applicant is a corporation or limited liability company	y, enter state of incorporatio	n:
 If applicant is a partnership, enter the state in which pathene is a partners. 	artnership is organized and f	ull and complete names of
5. Name of trademark/service mark being registered:		
6. State the manner in which the mark will be used on or	in connection with goods or	services (i.e. on foods, on
labels or tags, on displays, on signs or letterheads, in adv	ertising materials, on busines	ss cards, etc.):
 7. Mark description (please select one applicable option): a. Describe in exact detail the mark to be registered: 	words only logo	only words and logo
8. Identify the place(s) of distribution of products in New rendered and available to be rendered in New Mexico (N		where services are being
9. Month, day, year of first use of trademark/service mar	•	
		e prior to registration
Month, day, year of first use of trademark/service ma		
		be in use prior to registration
 Class code(s) in which above particular goods or servi 	ices fall (a list of class codes is	s available on our website):
12. Describe the kind(s) of goods or services in each class	which the trademark/servic	e mark is used to identify:
13. Contact person and mailing address, if different from	above:	
I hereby swear or affirm under penalty of perjury that the further that, I or the person or entity I represent, own an identified above and to the best of my knowledge no oth has the right to use the mark either in its identical form o the goods or services of the other person, to cause confu	d use in the State of New Me er person has registered, eit or in near resemblance there	exico the trademark/service mark her federally or in this state, or
Please print applicant's full name	Title	Date
Applicant Signature	Phone number	Email

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501 PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081 WWW.SOS.STATE.NM.US