



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

APPLICATION for RENEWAL of MARK [30-13-313, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: 406)444-3665
FAX: (406)444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with a "T" and may be referenced at <https://www.mtsosfilings.gov>.

(This space for Secretary of State use only)

Filing Fee: \$20.00 per class number
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.

If the document is hand written, please print legibly or the application may be denied.

1. The mark to be renewed:

_____ **Note: Must be identical to the mark as currently registered with the Montana Secretary of State's office.**

2. Original identification numbered assigned by the Montana Secretary of State: _____

3. **Attached is a specimen showing actual use of the mark on or in connection with the goods or services.** (Required for all renewals whether it includes a design or is words only.)

4. Class Numbers: _____ of service or goods.
NOTE: If the original trademark registration was filed before July 1, 2003, the class number must be changed to agree with the new Class of Goods and Services. The list of new [Class of Goods and Services](#) can be viewed on line. If the original trademark registration was filed after July 1, 2003, the class number(s) must be identical to the class(es) originally registered. **An additional renewal fee must be submitted for each class if you are renewing more than one class for this mark.**

5. The name and business mailing address of the person claiming ownership of the mark:

Name: _____

Business mailing address: _____

City: _____ State: _____ Zip Code: _____

6. If a corporation, the state of incorporation: _____

7. If a partnership, the state in which the partnership is organized and the names of the general partners:

State of organization: _____

Names of general partners: _____

8. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true, that the mark has been and is still in use.

Signature of Applicant

Date

Printed Name

Title

(If a firm, an attorney-in-fact; if a partnership, a general partner; if a limited liability corporation, a managing manager or managing member; if a corporation, a presiding officer or chair of the board; if an association, a member)

9. Daytime Contact: Phone _____ Email _____