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**Statement of Transfer of Trademark Registration
Transferring a Trademark to an Individual Resident of Colorado**

filed pursuant to § 7-70-106 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, if applicable, and the true name of the trademark registrant transferring the trademark are

Entity ID number
(if applicable)

(Colorado Secretary of State ID number)

True name

2. The trademark ID number and the trademark as stated in the statement of trademark registration are

Trademark ID number

(Colorado Secretary of State ID number)

Trademark

3. The true name of the transferee is

(Last)

(First)

(Middle)

(Suffix)

4. The principal address of such transferee and, if different, the mailing address of such transferee are

Principal (street) address

(Street number and name)

(City)

(State)

(Zip/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(Zip/Postal Code)

(Province – if applicable)

(Country)

5. (Mark the applicable box. **Caution:** Mark only one box.)

Such registrant has transferred to such transferee the rights to the trademark, including all associated goodwill, to which such statement of trademark registration pertains.

OR

Such transferee has by operation of law succeeded to the rights to the trademark, including all associated goodwill, to which such statement of trademark registration pertains.

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (**Caution:** *Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.*)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

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(Street number and name or Post Office Box information)

(City) (State) (Zip/Postal Code)

(Province – if applicable) (Country)

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