

**The Commonwealth of Massachusetts**

**William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Trademark / Service Mark Assignment**  
(General Laws Chapter 110H, Section 7)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

(1) Registrant's legal name and business address:

a) Individual: \_\_\_\_\_  
*Last First Middle*

Business address: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_ *City State Zip*

**or**

b) Business Organization: \_\_\_\_\_

Business address: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_ *City State Zip*

(2) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(3) For each class provide the number and class in which such goods or services fall (see attached classification schedule):

(4) Provide the Massachusetts registration date and number:

The above does hereby assign said trademark or service mark and its registration to the following:

a) Individual: \_\_\_\_\_  
*Last First Middle*

Business address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip*

**or**

b) Business Organization: \_\_\_\_\_

Business address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip*

Signed under penalty of perjury:

By: \_\_\_\_\_  
*Assignor*

By: \_\_\_\_\_  
*Assignee*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

# COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

## **Trademark / Service Mark Assignment** **(General Laws Chapter 110H, Section 6)**

Registered with

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*

on:

\_\_\_\_\_, 20\_\_\_\_

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

### Contact Information

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City/town*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*