



# 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 Cancellation (General Laws Chapter 110H, Section 9)

FORM MUST BE TYPED

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

(1) Applicant's 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) Written description of the mark:

(3) The number and class in which such goods or services fall (see classification schedule):

(4) Provide the Massachusetts registration date and number:

(5) The Registrant requests cancellation of the (check box):

Trademark       Service Mark      or       Attach a copy of the Superior Court Order of Cancellation

I, \_\_\_\_\_, state that I am the applicant or a lawfully authorized  
*(Name of Applicant / Authorized Representative)*

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on: \_\_\_\_\_  
*(Month, Day, Year)*

Signature: \_\_\_\_\_

