

State of South Dakota Emblem Registration Application

SDCL 43-44-3

FILING FEE: \$75 payable to **SECRETARY OF STATE**

Attach two specimens or facsimiles of the Emblem

1. Applicant: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

2. If a Corporation, where incorporated: _____

3. If a partnership, list name and address of partner(s):

Partner	Address	City	State	ZIP
---------	---------	------	-------	-----

Partner	Address	City	State	ZIP
---------	---------	------	-------	-----

Partner	Address	City	State	ZIP
---------	---------	------	-------	-----

4. If an association, list name and address of officer(s):

Officer	Address	City	State	ZIP
---------	---------	------	-------	-----

Officer	Address	City	State	ZIP
---------	---------	------	-------	-----

Officer	Address	City	State	ZIP
---------	---------	------	-------	-----

5. Name of Emblem:

6. Description of Emblem:

7. Mode or manner in which the Emblem is used:

8. Date the Emblem was first used by Applicant or Predecessor:

a. In the United States: _____

b. In the State of South Dakota: _____

***** This section is to be completed in the presence of a Notary Public *****

State of _____)

)§§

County of _____)

I, _____ , _____
(Print Name of Applicant) (Title)

of _____
(Print Corporation-Partnership-Association)

do solemnly swear that the above named applicant is the owner of the Emblem and that no other person has the right to use such Mark in the State of South Dakota either in the identical form thereof or in such near resemblance thereto as might be calculated to deceive or to be mistaken therefor.

Dated _____

By: _____
(Applicant Signature)

(Title)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission Expires

Notary Public

(Notarial Seal)