

State of South Dakota  
**Mark Registration Application**

SDCL 37-6-5

**FILING FEE: \$125** payable to **SECRETARY OF STATE**

**Attach two samples or facsimiles of the Mark, no larger than 8 1/2" x 11"**

1. Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_

2. If a Corporation, where incorporated: \_\_\_\_\_

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

Partner	Address	City	State	ZIP
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Partner	Address	City	State	ZIP
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Partner	Address	City	State	ZIP
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4. Name of Mark: \_\_\_\_\_

5. Description of goods or services connected with Mark: \_\_\_\_\_

6. Mode or manner in which the Mark is used: \_\_\_\_\_

7. Classification of Goods or Services Number: \_\_\_\_\_

8. Date the Mark 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 Mark 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.

By: \_\_\_\_\_  
(Applicant Signature)

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

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

(Notarial Seal)

Return to:

SECRETARY OF STATE  
500 East Capitol  
Pierre, SD 57501  
(605) 773-3537