

State of South Dakota
Mark Registration Assignment

SDCL 37-6-17

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

1. Name of the Mark being assigned: _____

2. Date the registration was issued for the Mark in South Dakota _____

3. Assignor: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Business Telephone Number: _____

4. Assignee: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Business Telephone Number: _____

5. If a Corporation, where incorporated: _____

6. 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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7. Classification of Goods or Services Number: _____

8. Description of goods or services connected with Mark: _____

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

WHEREAS, the assignee is desirous of acquiring said Mark; WHEREAS, the assignor has adopted and used in its business and is the owner of the aforementioned Mark; and NOW, THEREFORE, To All Whom It May Concern: BE IT KNOWN THAT for and in consideration of the sum of _____ and other good and valuable consideration to it in hand paid, the receipt of which is hereby acknowledged, said _____ by these
(Assignor)
presents does sell, assign and transfer unto the said _____ the entire right, title
(Assignee)
and interest in and to the said Mark and registration thereof, together with the good will of the business in which the Mark is used, or with that part of the good will of the business connected with the use of and symbolized by the Mark.

Dated _____

By: _____
(Assignor)

(Title)

ACKNOWLEDGMENT:

State of _____)

)§§

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____, before me,
_____, the undersigned officer, personally appeared _____

known to me or satisfactorily proven to be the person who executed the foregoing instrument, and acknowledged that this person executed the some of his own free act and deed.

In witness whereof, I hereunto set my hand and official seal.

My Commission Expires

Notary Public

(Notarial Seal)

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