

FILED

JUN 20 99 3 41 3 2 5

**APPLICATION FOR REGISTRATION
OF TRADEMARK OR SERVICE MARK**

WYOMING
SECRETARY OF STATE

1. Name of applicant: Magic City Enterprises, Inc.
2. Business address of applicant: 1750 Westland Road, Suite 166, Cheyenne, WY 82001-3331
3. Mailing address of applicant: 1750 Westland Road, Suite 166, Cheyenne, WY 82001-3331
4. Applicant is: (a) individual; ☒ (b) corporation; (c) limited partnership; (d) general partnership; (e) limited liability company; (f) statutory trust; (g) other (CIRCLE ANSWER)
If (b) (c) (e) or (f) show when and where incorporated or organized:
(STATE) WYOMING (DATE) April 1984
If (c) or (d) list the names of the general partners: _____
If (e) or (f) list the names of the managers, members or trustees: _____
If (g) explain: _____
5. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely. CHEYENNE PROFESSIONAL REHABILITATION SERVICES
6. Provide the class number and title of the goods or services (see reverse) **use only one class code per registration**
100 Miscellaneous
7. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide.) We provide services (rehabilitation, employment, job and personal training) for the Developmentally Disabled.
8. List the mode or manner in which the mark is used to identify the goods or services (e.g.: **goods** - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; **services** - labels on laundry bags, advertising, window signs, etc.) Building signs, letterhead, brochures, advertising.
9. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes _____ No X _____
If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefor. _____
10. Date of first use by applicant or predecessor:
(a) Anywhere _____
(b) In this state June 1998
(The mark **must be in use** before it can be registered)
11. **Three specimens or facsimiles of the mark as it is actually used** must accompany this application.
12. The applicant is the owner of the mark. The mark is in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: 1/19/99

Signed: _____

Signature available on original document

Title: President

CHEYENNE PROFESSIONAL REHABILITATION SERVICES

P.O. Box 925
Cheyenne, WY 82003

Phone 307-637-8869

Fax 307-638-0467

CHEYENNE PROFESSIONAL REHABILITATION SERVICES
MAGIC CITY ENTERPRISES, INC.
1750 WESTLAND RD., STE 166
CHEYENNE, WY 82001-3331

FILED: 08/15/2003

CID: 1999-00341325

WY Secretary of State

Doc. ID: 2003-00453601

APPLICATION FOR RENEWAL OF

TRADEMARK OR SERVICE MARK REGISTRATION

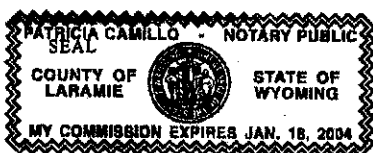
1. Name of applicant: Magic City Enterprises dba Cheyenne Professional Rehabilitation Services
2. Business address of applicant: 1750 WESTLAND Road Chey, WY 82001
3. Mailing address of applicant: 1750 WESTLAND Road Cheyenne, WY 82001
4. Applicant is: (a) individual; (b) corporation; (c) limited partnership; (d) general partnership; (e) limited liability company; (f) statutory trust; (g) other (CIRCLE ANSWER)
If (b) (c) (e) or (f) show when and where incorporated or organized:
(STATE) WYOMING (DATE) 4/3/84
If (c) or (d) list the names of the general partners: _____
If (e) or (f) list the names of the managers, members or trustees: _____
If (g) explain: _____
5. Date of original registration in the office of the Wyoming Secretary of State: 1/20/99
6. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which appear on the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.
"CHEYENNE PROFESSIONAL REHABILITATION SERVICES"
7. Provide the class number and title of the goods or services (see reverse) use only one class code per renewal.
100 Misc
8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide.) Rehabilitation for Developmentally disabled persons
9. List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.) Signs, brochures
10. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes ☐ No ☒
If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefor. _____
11. Three specimens or facsimiles of the mark as it is actually used must accompany this renewal application.
12. The applicant is the owner of the mark. The mark has been and is still in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: 8/6/03

Signed: Signature available on original document
Title: _____

State of Wyoming ss.
County of Laramie

Subscribed and sworn to before me this 6th day of Aug 2003
by John W. Firestone



My commission expires Jan 18, 2004

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MAGIC CITY ENTERPRISES

JOHN W. FIRESTONE, PRESIDENT/CEO

Trademark: **CHEYENNE PROFESSIONAL REHABILITATION SERVICES**
Trademark: **CHEYENNE PROFESSIONAL REHABILITATION SERVICES**
Trademark: **CHEYENNE PROFESSIONAL REHABILITATION SERVICES**



WY Secretary of State
FILED: 11/03/2008
Original ID: 1999-000341325
Amendment ID: 2008-000704629

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

99-341325
Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

**APPLICATION FOR RENEWAL OF
TRADEMARK OR SERVICE MARK REGISTRATION**

1. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which appear on the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.

CHEYENNE PROFESSIONAL REHABILITATION SERVICES

2. Name of applicant: Magi~~e~~ City Enterprises, Inc.
3. Business address of applicant: 1780 Westland Road Chey, WY
4. Mailing address of applicant: Same as Above
5. Applicant is: (a) individual; X (b) corporation; (c) limited partnership; (d) general partnership;
(e) limited liability company; (f) statutory trust; (g) other (CHECK ANSWER)

If (b) (c) (e) or (f) show when and where incorporated or organized: (STATE) Wyoming
(DATE) April 1984

If (c) or (d) list the names of the general partners:

If (e) or (f) list the names of the managers, members or trustees:

If (g) explain:

6. Date of original registration in the office of the Wyoming Secretary of State: June 1998 1/20/99
7. Provide the class number and title of the goods or services (see reverse) use only one class code per renewal.
100 Miscellaneous
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We provide services (rehabilitation, employment, job and personal training) for the Developmentally Disabled

9. List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.)

Building signs, letterhead, brochures, advertising.

10. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes _____ No X

If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefor.

11. One specimen or facsimile of the mark as it is actually used must accompany this renewal application.

12. The applicant is the owner of the mark. The mark has been and is still in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: Oct. 10, 2008

Signed: Signature available on original document

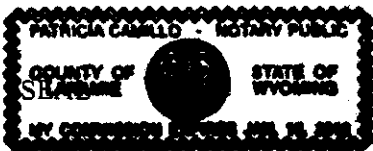
Title: President / G.E.O. ✓

State of Wyoming) ss.

County of Laramie)

Subscribed and sworn to before me this 10th day of October

2008 by Laura McKinney



Patricia Camillo
Notary Public

My commission expires: Jan 18, 2012

Filing Fee: \$50.00 (Filing instructions are on the following page.)

tmrenewal - R 11/2007