



Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

Max Maxfield, WY Secretary of State
FILED: 04/05/2013 04:09 PM
ID: 2013-000641010

Application for Registration of Trademark or Service Mark

1. 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:

See attached description

2. Name of applicant:

Memorial Hospital of Converse County

3. Business address of applicant:

111 South 5th Street Douglas, WY. 82633

4. Mailing address of applicant:

P.O. BOX 1450 Douglas, WY. 82633

5. Applicant is (check one):

☐

individual;

☐

corporation;

☐

general partnership;

☐

limited partnership;

☐

limited liability company;

☐

statutory trust;

☐

unincorporated association;

☒

other: *governmental entity*

6. a. If the applicant is a corporation, limited partnership, limited liability company or statutory trust, list:

The state of incorporation or organization:

The date incorporated or organized:

(Date – mm/dd/yyyy)

b. If a general partnership or limited partnership, list the names of the general partners or partners:

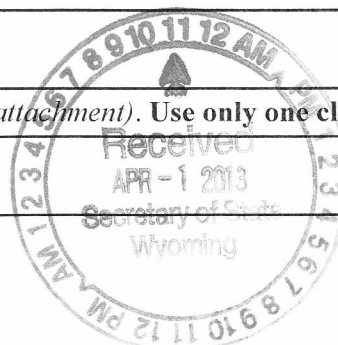
c. If a limited liability company or statutory trust, list the names of the managers, members or trustees:

d. If other, explain:

We are a Governmental Entity

7. Provide the class number and title of the goods or services (see attachment). Use only one class code per registration:

101



ORIGINAL

8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide):

Healthcare services not limited to but including acute inpt. care, outpatient care and a variety of diagnostic services

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.):

Advertising, signs, letterhead, billing documents, policies & procedures, clothing etc.

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 therefore:

11. Date of first use by applicant or predecessor (the mark must be in use before it can be registered):

a. Anywhere:

02/04/2003
(Date - mm/dd/yyyy)

b. In this state:

02/04/2003
(Date - mm/dd/yyyy)

12. One photocopy or facsimile of the mark as it is actually used must accompany this application.

13. 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:

3/28/13

(mm/dd/yyyy)

Signature:

Signature available on original document

Title:

Administrator / CEO

Contact Person:

Signature available on original document

Daytime Phone Number:

307-558-1447

Email:

rsmith@mhcc.wyo.org

State of

Wyoming

County of

Converse

Subscribed and sworn to before me this

28th

day of

March

2013

by

Ryan H. Smith

(Notarial Seal)



Nancy M. Probert
Notary Public

My commission expires:

1/18/2015

March 28, 2013

1. The mark/logo is depicted as attached and will be displayed with the organization's name "Memorial Hospital of Converse County" and tag line "Advanced Medicine Hometown Care". The logo incorporates a design that depicts a cross; upward arrow or roofline.



Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
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Ed Murray, WY Secretary of State
FILED: 11/13/2017 03:09 PM
Original ID: 2013-000641010
Amendment ID: 2017-002159921

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 the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, **you must describe the trademark completely**:

The mark/logo is depicted as attached and will be displayed with the organization's name "Memorial Hospital of Converse County" and tag line "Advanced Medicine. Hometown Care." The logo incorporates a design that depicts a cross; upward arrow or roofline.

2. Name of applicant:

Memorial Hospital of Converse County

3. Business address of applicant:

111 South 5th Street, Douglas, WY 82633

4. The mailing address of applicant:

PO Box 1450, Douglas, WY 82633

5. Applicant is (check only one):

- | | | |
|------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> individual; | <input type="checkbox"/> corporation; | <input type="checkbox"/> general partnership; |
| <input type="checkbox"/> limited partnership; | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust; |
| <input type="checkbox"/> unincorporated association; | <input checked="" type="checkbox"/> other: | |

6. a. If the applicant is a corporation, limited partnership, limited liability company or statutory trust, list:

The state of incorporation or organization:

The date incorporated or organized:

(Date - mm/dd/yyyy)

b. If a general partnership or limited partnership, list the names of the general partners or partners:

c. If a limited liability company or statutory trust, list the names of the managers, members or trustees:

d. If other, explain:

We are a Government entity

7. Date of original registration in the office of the Wyoming Secretary of State:

04/05/2013

(Date - mm/dd/yyyy)

Received
NOV - 9 2017
Secretary of State
Wyoming

8. Provide the class number **and** title of the goods or services (*see attachment*). Use only one class code per renewal:

Class number: 101

Title: Advertising and Business

9. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide): Healthcare Services not limited to but including acute inpatient care, outpatient care, and a variety of diagnostic services

10. 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.): Advertising, signs, letterhead, billing documents, policies and procedures, clothing, etc.

11. 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 therefore:

12. Date of first use by applicant or predecessor (*the mark must be in use before it can be registered*):

a. Anywhere: 02/04/2003

(Date - mm/dd/yyyy)

b. In this state: 02/04/2003

(Date - mm/dd/yyyy)

13. **One** photocopy or facsimile of the mark **as it is actually used** must accompany this application.

14. 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.

Signature: Karl E. Hertz

Date: 11/6/17
(mm/dd/yyyy)

Print Name: Karl E. Hertz

Contact Person: Karl E. Hertz

Title: Assistant Administrator

Daytime Phone Number: 3073581417

Email: khertz@mhccwyo.org

(Email provided will receive filing evidence)
*May list multiple email addresses

The foregoing instrument was subscribed and sworn before me by Karl Hertz

Signatory

Elaine Litwiller

Notary Public

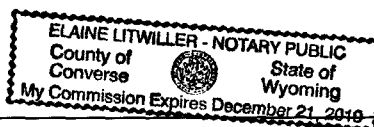
11/6/17
Notary Date (mm/dd/yyyy)

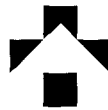
12/21/19
Notary Commission Expiration

State of Wyoming

Notarial Seal

County of Converse





MEMORIAL HOSPITAL of Converse County

111 South 5th Street, Douglas, WY 82633

www.ConverseHospital.com

(307) 358-2122 Phone (307) 358-9216 Fax

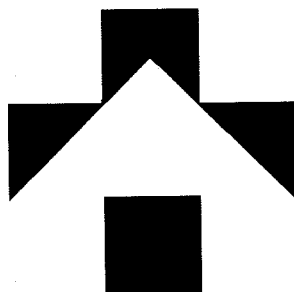
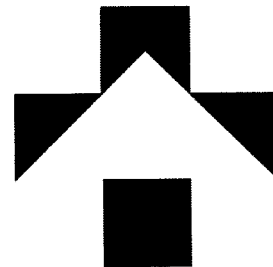
Register Cliff RHC
650 W. Whalen
P.O. Box 668
Guernsey, WY 82214
(307) 836-3009 PH
(307) 836-3022 Fax

Medical Office Building
700 E. Center
Douglas, WY 82633
(307) 358-7300 PH
(307) 358-8498 Fax

Oregon Trail RHC
525 E. Birch Street
P.O. Box 1648
Glenrock, WY 82637
(307) 436-8838 PH
(307) 436-2476 Fax

MEMORIAL HOSPITAL
of Converse County

Advanced Medicine. Hometown Care.



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