



Wyoming Secretary of State

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Ed Murray, WY Secretary of State

FILED: 10/05/2015 04:27 PM

ID: 2015-000696313

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:

The words "Platte River Pain Clinic" are located at the bottom of the logo, with the words Platte River above Pain Clinic. The first letters of the words are larger, and in blue, while the other words are in silver. A mountain image is located under a semi-circle sky, darker blue at the top and fading to white where it meets the mountains. The Mountain has dark blue color on the bottom and gradually fades to white at the peak. A river is represented as an elongated silver "S", starting from the middle of the image to the bottom left. The river is outlined with white lines.

2. Name of applicant:

A Wyoming Pain Clinic, P.C.

3. Business address of applicant:

**3100 West Lakeway Road, Suite 3
Gillette, WY 82718**

4. Mailing address of applicant:

**8101 Stone Crest Dr
Gillette, WY 82718**

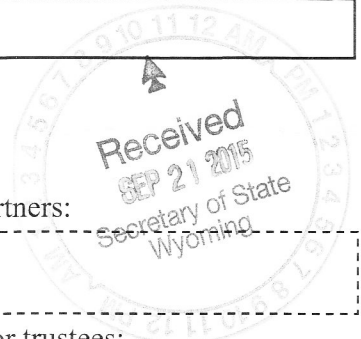
5. Applicant is (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> individual; | <input checked="" 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 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: **Wyoming**

The date incorporated or organized: **06/09/2015**
(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:

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

100-miscellaneous

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

Medical Clinic

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 (including on windows and street), business material such as cards/forms/letterhead/website.

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: 06/09/2015 (Date - mm/dd/yyyy)

b. In this state: 06/09/2015 (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: 9/18/15 (mm/dd/yyyy)

Signature: [Redacted Signature] Title: Secretary and Manager

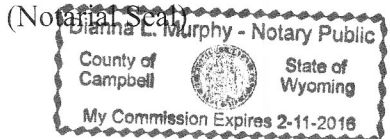
Contact Person: Dona Mansell

Daytime Phone Number: (307) 257-6692 Email: manager@AWyomingPainClinic.com

State of Wyoming County of Campbell

Subscribed and sworn to before me this 19th day of September, 2015.

by Dona Mansell



Dianna L. Murphy Notary Public

My commission expires: 2-11-2016