

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: <u>Business@wyo.gov</u>

Max Maxfield, WY Secretary of State FILED: 03/27/2014 02:36 PM ID: 2014-000661840

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:

Circle enclosing picture of a mountain and stream flanked by pine trees with the name "Central Wyoming Counseling Center" bordering the circle

2. Name of applicant:

Central Wyoming Counseling Center

3. Business address of applicant:

1430 Wilkins Circle, Casper, Wyoming 82601

4. Mailing address of applicant:

1430 Wilkins Circle, Casper, Wyoming 82601

5. Applicant is (check one):

- · P	Ferraria (managed)							
	individual;	\checkmark	corporation;		general partnership;			
	limited partnership;		limited liability company;		statutory trust;			
	unincorporated association;		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:		7/1959 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:								
					678910			
d.	If other, explain:		1		34.3			
					10/ 0			

See attached list of directors of corporation

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

100

TM-RegistrationApplication - Revised 05/2012

8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide): Mental health and substance abuse treatment and counseling

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.):

Used on the firm's letterhead and stationery and in 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 V

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 <u>must be in use</u> before it can be registered):

a. Anywhere:	01/01/2000
	(Date – mm/dd/yyyy)
b. In this state:	01/01/2000
	(Date – mm/dd/yyyy)

12. <u>One</u> photocopy or facsimile of the mark <u>as it is actually used</u> 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: 03/12/7014	Signature available on original document	5.
(mm/dd/yyyy)	Title: Treasurer	
Contact Person: Patrick Dixon		
Daytime Phone Number: (307) 234	-7321 Email: pdixn@aol.com	
State of <u>Wyoming</u> County of <u>Maliona</u> Subscribed and sworn to before me this by <u>OPANS</u> A	12 day of March, 2014.	
(Notarial Seal) L HENDRICKSON STATE OF WYOMING COUNTY OF NATRONA My Commission Expires Nov 15, 2015	Standucken Notary Public	
My commission expires: $11/15$	12015	

TM-RegistrationApplication - Revised 09/2012

CENTRAL WYOMING COUNSELING CENTER BOARD MEMBERS

Samantha Benton P.O. Box 40 Casper, WY 82602

Ed Opella 1931 Elkhorn Valley Drive Casper, WY 82609

Jamie Woolsey 536 S Center St Casper, WY 82601

John Patterson 5641 South Oack Street Casper, WY 82601

Michael E Huber Box 111 Casper, WY 82602

Mary Lynne Shickich 1128 South Lincoln Street Casper, WY 82601

Brian Scott Gamroth Box 1522 Casper, WY 82602