Wyoming

Wyoming ecretary of State

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Ed Murray, WY Secretary of State

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ID: 2015-000683615

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, name symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate she if needed; however, you must describe the trademark completely:
Sunrise Pet Resort Lodge Sunrise Pet Lodge
2. Name of applicant:
Casper Animal Medical Center, Inc
3. Business address of applicant:
4700 S VALLEY RD, CASPER, WY 82604
4. Mailing address of applicant:
4700 S VALLEY RD, CASPER, WY 82604
5. Applicant is (check one):
individual;
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: $03/26/2001$ (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:
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7. Provide the class number and title of the goods or services (see attachment). Use only one class code per registration
100. Miscellaneous Services Man 1 Secretary of State Secretary of State
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8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you
provide): Pet Boarding 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.):
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 <u>must be in use</u> before it can be registered):
a. Anywhere: (Date – mm/dd/yyyy)
b. In this state: (Date – mm/dd/yyyy) (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: Signature: Signature: Signature: Owner
Contact Person: Gail Mahnke
Daytime Phone Number: (307) 237-8387 Email: drm@caspervets.com
State of Nyoming County of Natrona
Subscribed and sworn to before me this $12^{+\nu}$ day of 0 and 0 , 0 .
by Gail Mahnke
(Notarial Seal) NOTARY PUBLIC DESIREE' N. TAYLOR STATE OF WYOMING COUNTY OF NATRONA My Commission Expires Feb 24, 2019 Notary Public
My commission expires: $2-24-19$

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