

DEVON & ASSOCIATES
TRADEMARK INFORMATION SHEET/POWER OF ATTORNEY

Mark: _____ Have you sold goods/ service? Yes No*

(If you have sold products or services using your mark, please attach a sample of your packaging as it is used with the trademark, i.e. clothing tag, product with mark attached as well and the invoice from the first sale)

Date of first sale anywhere: _____ Location where sold: _____

Date of first out of state sale: _____ Location where sold: _____

Type of Mark: Service Goods Describe the goods/services: _____

Owner's Name: _____

Mailing Address: _____

City/State/Zip _____

Telephone: _____ Fax: _____

Email Address: _____

Website: _____

Contact Person: _____ Direct Dial: _____

Type of Entity: Individual Corporation Partnership

State where business/individual is located: _____ How Long in Business? _____

Where did you hear about us? _____

Do you have a "logo" (design) that you would like to attach to your mark? Yes No (Please send an exact copy of your logo in jpg format. We will need the logo in color and an image in black and white.

Do you claim color as part of your "logo" (design)? Yes No (If color is claimed, your mark may be restricted to its use with the colors listed in the Application)

I hereby appoint Devon & Associates to act as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

By: _____ Date: _____

Print Name: _____

***Note For Intent to Use Applicants:** Once you receive a notice of allowance for your trademark application, you will have six months to prove that you have made sales with **EACH** of the goods listed in your application. Please carefully consider which goods you will be able to sell in the following year. You may file additional applications as your product line increases.