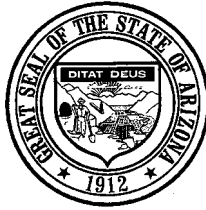


Please mail Registration and make check payable to:
Secretary of State Jan Brewer / Trade Name Division
1700 West Washington 7th Fl. Phoenix, Arizona 85007
Walk-in service: 14 N. 18th Ave., Phoenix, Arizona
Tucson Office: 400 W. Congress, Ste. 252
(602) 542-6187
(800) 458-5842 (within Arizona)
Filing Fee: \$10.00



APPLICATION FOR REGISTRATION OF TRADE NAME
(A.R.S. §44-1460)

The Registration of Trade Names and Trademarks is not legally required in Arizona, but is an accepted business practice. This is a registration for an Arizona Trade Name only in accordance with A.R.S. §44-1460. The registration of a trade name is a public record and does not constitute exclusive rights to the holder of the name. Names with a corporate ending (e.g., Inc., LLC or Ltd.) are not acceptable.

Please clearly print or type your application to avoid registration errors.

Name, title or designation to be registered: _____

Name of Applicant(s): _____
(If more than 1 applicant, an "or" designation is assumed unless otherwise indicated)

Your certificate and renewal notices are dependent on accurate address information including suite numbers. Remember to update your registration if you move.

Business Address: _____
Street or Box Number City State Zip

Phone (Optional): _____

Applicant must check one. Do not select "Corporation" or "LLC" if you are not currently incorporated, or your application will be returned to you.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Foreign corporation licensed to do business in Arizona |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Association <input type="checkbox"/> Organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ |

The date in which the name, title or designation was first used by the applicant within this state. This date must be today's date or prior to today's date: _____
Month Day Year

General nature of business conducted: _____

Applicant's **Printed** Name

Applicant's Signature

Applicant's **Printed** Name

Applicant's Signature

State of Arizona
County of _____

On this _____ day of _____, 20____, _____
(Name of Applicant)

personally appeared before me and acknowledged that he/she signed this document for it's stated purpose.

Notary Public