PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Business Registration Division

335 Merchant Street Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No. (808) 586-2727



FORM T-4

7/2010

ASSIGNMENT OF TRADE NAME, TRADEMARK OR SERVICE MARK

(Chapter 482, Hawaii Revised Statutes)

Assignor's Name (Registrant):	
Assignor's Address:	(including city, state, and zip code)
2. Status of Assignor (check only one):	(including dity, state, and zip code)
Sole Proprietor Corporation F	Partnership LLC LLP
Unincorporated Association OR C	Other (explain):
If assignor is an entity, list state or country of incor	rporation/formation/organization:
INFRINGEMENT, IF ANY) TO: 3. Assignee's Name:	OVER, AND CONVEY (TOGETHER WITH ALL GOODWILL AND ALL RIGHTS TO SUE FOR PAST
Assignee's Address:	(including city, state, and zip code)
4. Status of Assignee (check only one):	
Sole Proprietor Corporation	Partnership
Unincorporated Association OR	Other (explain):
If assignee is an entity, list state or country of incorp	rporation/formation/organization:
5. (a) The trade name, trademark or service ma	nark (line out inapplicable type) being assigned is:
(b) Certificate Number:	
(c) Classification of trademark or service ma	ark:
I certify, under the penalties set forth in Section 482-51	
I am the	☐ I am the assignor OR
Assignment, and that the above statements are true an	of the assignor named in the foregoing application, I am authorized to sign this nd correct to the best of my knowledge and belief.
(Print Name)	(Signature) (Date)
SEE INSTRUCTIONS ON REVERSE SIDE. Assignme	ent must be signed by the assignor (registrant).
	(DEPARTMENTAL USE ONLY) CERTIFICATE OF ASSIGNMENT
Certificate of Registration .	is hereby assigned to the above-named Assignee, effective
	DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE OF HAWAII Dated:

Instructions: Assignment must be typewritten or printed in **black ink**, and must be **legible**. Signature must be in **black ink**. Submit assignment together with the appropriate fee.

Assignment must be signed by the assignor (registrant) only. For **corporations**, assignment must be signed by an authorized officer of the corporation. For **general or limited partnerships**, assignment must be signed by a general partner. For **LLC**, assignment must be signed by a manager of a manager-managed company or by a member of a member-managed company. For **LLP**, assignment must be signed by a partner.

- Line 1. State the full name of the assignor (the current owner of the registration). State the complete address (including city, state, and zip code) of the assignor.
- Line 2. Check one box to indicate the status of the assignor. If you check "Other," you must explain what type of entity the assignor is.

 If the assignor is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.
- Line 3. State the full name of the assignee (the one to whom the registration is being assigned). State the complete address (including city, state, and zip code) of the assignee.
- Line 4. Check one box to indicate the status of the assignee. If you check "Other," you must explain what type of entity the assignee is.

 If the assignee is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.
- Line 5. (a) State the trade name, trademark or service mark to be assigned. If the mark being assigned includes a design, state the complete description of the mark **and** submit a sample of the design which is being assigned.
 - (b) State the Certificate No. of the trade name, trademark or service mark being assigned.
 - (c) State the classification of the trademark or service mark being assigned.

Filing Fees: Filing fee (\$10.00) is not refundable. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)