



Intellectual Property Services

REGISTRATION OF THE INTERNATIONAL TRADEMARK - RENEWAL

Contract Number: 6193401991



RU 2019/34

Sent Date: 09/04/2019

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TRUTH IN ADVERTISING, INC.

[Redacted]

Applicant

IPS office s.r.o.
Lidicka 700/19
602 00 Brno
Czech Republic

Tax number: 08029326

Provider

REGISTRATION DETAILS

Trade-/Servicemark:



Registration Number: 5,569,547

Published: 2018/39

International Class: Int. Cl.: 35, 41

Mark type: Service Mark, Principal Register



Renewal Fee for 6193401991	2,329.00	USD
Processing Fee	27.00	USD
Total Registration Fee	2,356.00	USD

Sign the document within 14 days and send it back by e-mail to office@ipservices.biz or by mail to: **IPS office s.r.o., Lidicka 700/19, 602 00 Brno, Czech republic.**

Registration of the International Trademark:

The trademark application has been published in the official Gazette, which is edited by United States Patent and Trademark Office (USPTO). This publishing forms the basis of our offer. Please note, registration is not affiliated with the publication of the official International Patent Application registration and is not a registration by a government entity. By signing this Agreement, the Applicant signs a binding "IPS Registration" service provided by the provider specified in the contract, the contractual relationship created by this contract arises at the moment of the delivery of this contract to the provider. Effective delivery is deemed to be the delivery of the contract to the address of the provider and the delivery of the contract to the email address of the provider. By signing this contract, the Contracting Authority agrees that the contractual relationship is governed by the General Business Terms and Conditions of the Provider, which are listed on the other side of this Form and are governed by the Act No. 89/2012 Coll. Civil Code. The Applicant declares that he has read and read these General Business Terms and the scope of the service provided, and he further declares that they agree with their wording.

Applicant

Provider

Date _____ Full name _____

Signature _____

IPS office s.r.o. ^③
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