



Business Program  
 Colorado Secretary of State  
 1700 Broadway, Ste. 550 Denver, CO 80290  
 Phone: 303-894-2200  
 Email: [Business@coloradosos.gov](mailto:Business@coloradosos.gov)

Fax: 303-869-4864  
 Website: [www.coloradosos.gov](http://www.coloradosos.gov)

# Monthly Trademark CD

Processing fee: \$1,500.00

Return this form with check or money order to:

Colorado Secretary of State  
 1700 Broadway, Ste. 550  
 Denver, CO 80290

One year subscription (once a month for 12 months). Information is generated on the last day of each month. The information included on the CD-ROM is the trademark names, status, filing identification number, Class code, date of registration and the trademark owner’s name and address. Also included are images of the trademark.

This may not include all trademarks for the calendar month. This office will include the current “as of” date on the front of the CD-ROM. The subscription term starts July 1 and ends June 30. Subscription services are not prorated. All requests are paid in advance. Our office will no longer be generating invoices. Please return your payment with this request to avoid interruption in data.

## Contact information

Company

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country



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## Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

### Entity information:

ID Number:

Entity name:

### Choose one:

1. Remove all survey information from this entity's record.
- OR
2. Add or update the survey information on this entity's record as follows:
- a) Gender
    - Male
    - Female
    - Choose not to answer / Remove this information
  - b) Veteran?
    - Yes
    - No
    - Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

**Filer's information:**

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>