

TRADEMARK EXAMINATION WORKSHEET

AMENDMENT STAGE
 NO CHANGE
 PUBLICATION/REGISTRATION STAGE

Name: LA'SHAWN CAVE L.O. 108
 Date 10/9/01
 Serial No. 76/169397

INSTRUCTIONS: Place a check mark in the appropriate column and/or box to indicate which data elements have been amended/coded.

Legal Instrument Examiner (LIE)		
	Amended	Data Element
Class Data	<input checked="" type="checkbox"/>	<input type="checkbox"/> Prime/International Class <input checked="" type="checkbox"/> Goods and Services
	<input type="checkbox"/>	<input type="checkbox"/> First Use Date <input type="checkbox"/> First Use in Commerce Date
	<input type="checkbox"/>	<input type="checkbox"/> In Another Form <input type="checkbox"/> Certification
	<input type="checkbox"/>	<input type="checkbox"/> 1b
Mark Data	<input type="checkbox"/>	<input type="checkbox"/> Word Mark <input type="checkbox"/> Pseudo Mark
	<input type="checkbox"/>	<input type="checkbox"/> Mark Drawing Code <input type="checkbox"/> Design Search Code
	<input type="checkbox"/>	<input type="checkbox"/> Sizing/Lining Code
Misc. Mark Data	<input type="checkbox"/>	<input type="checkbox"/> Mark Description <input type="checkbox"/> Disclaimer
	<input type="checkbox"/>	<input type="checkbox"/> Lining/Stippling <input type="checkbox"/> Name/Portrait/Consent
	<input type="checkbox"/>	<input type="checkbox"/> Translation
Section 2(f)	<input type="checkbox"/>	<input type="checkbox"/> Section 2(f) Entire Mark
	<input type="checkbox"/>	<input type="checkbox"/> Section 2(f) Limitation Statement <input type="checkbox"/> Section 2(f) in Part
	<input type="checkbox"/>	<input type="checkbox"/> Amended Register <input type="checkbox"/> Amended Register Date
Foreign Reg. Data	<input type="checkbox"/>	<input type="checkbox"/> Foreign Country <input type="checkbox"/> 44(d)
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Application Number <input type="checkbox"/> Foreign Application Filing Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Registration Number <input type="checkbox"/> Foreign Registration Date
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Registration Expiration Date <input type="checkbox"/> Foreign Renewal Reg. Number
	<input type="checkbox"/>	<input type="checkbox"/> Foreign Reg. Renewal Expiration Date <input type="checkbox"/> Foreign Renewal Reg. Date
Owner Data	<input type="checkbox"/>	<input type="checkbox"/> Owner Name <input type="checkbox"/> DBA/AKA/TA
	<input type="checkbox"/>	<input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2
	<input type="checkbox"/>	<input type="checkbox"/> City <input type="checkbox"/> State
	<input type="checkbox"/>	<input type="checkbox"/> Zip Code
	<input type="checkbox"/>	<input type="checkbox"/> Citizenship <input type="checkbox"/> Entity
	<input type="checkbox"/>	<input type="checkbox"/> Entity Statement <input type="checkbox"/> Composed of
	<input type="checkbox"/>	<input type="checkbox"/> Assignment(s)/Name Change
	<input type="checkbox"/>	<input type="checkbox"/> Amendment/Renewal <input type="checkbox"/> Correction
	<input type="checkbox"/>	<input type="checkbox"/> Concurrent Use <input type="checkbox"/> Restriction
	<input type="checkbox"/>	<input type="checkbox"/> Interference Statement
Prior U.S. Reg.	<input type="checkbox"/>	<input type="checkbox"/> Prior Registration
Correspondence	<input type="checkbox"/>	<input type="checkbox"/> Attorney <input type="checkbox"/> Domestic Representative
	<input type="checkbox"/>	<input type="checkbox"/> Attorney Docket Number
	<input type="checkbox"/>	<input type="checkbox"/> Correspondence Firm Name/Address

I certify that all corrections have been entered in accordance with text editing guidelines.

_____ LDC _____ _____ 10/9/01 _____
 LIE DATE

Other: _____