



State of Wisconsin - Department of Financial Institutions

Registration of Trademark

Per Chapter 132 Wisconsin Statutes

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| OFFICE USE ONLY |
| Received Date: |
| Original File Date: |
| Trademark ID: |

1. This is a: **first time** registration **renewal** registration If renewal, enter original filing number

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|--|-------------------|----------------------------|--------------|
| 2. Name of applicant (organization or individual) applying for this registration Lake Michigan PHRF | | | |
| 3. Business Address 7922 Jackson Park Blvd | City Milwaukee | State WI | Zip 53213 |
| 4. Certificate email address (to be used to send the registration certificate) keith.stauber@lmphrf.org | | Phone Number 2183901776 | |
| 5. Certificate mailing address (if different from business address) | City Oak Park | State IL | Zip |

Trademark: Provide a description using detailed language so that a person would be able to get a good image of the design without actually seeing the design. If more space is needed, include an additional page for the description.
 Circular logo depicting the Great Lakes minus Lake Ontario with MW PHRF across the center and MIDWEST PERFORMANCE HANDICAP RACING FLEET circular on outside edge. Lakes are Blue, Overall background is light grey, center background is white and remaining letters in dark grey.

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|-----------------------|----------|----------|--------------|--|
| 7. Date of First Use: | MM 02 | DD 27 | YYYY 2022 | 8. Classification of goods or service. Class Number: 42 Class Name: Technology Services |
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| 9. I, the undersigned, swear or affirm that I am the registrant or a duly authorized representative, the information on this registration is true and correct, the registrant has the right to use the subject registration, no other person or entity has such a right either in identical form or near resemblance, and any attachments filed with this registration are correct. | | 10. Affix notary seal or stamp | |
| Signature (to be signed in the presence of a Notary) <i>Dale Smirl</i> | | Subscribed and sworn to before me on this date/state/county Date <i>2/27/22</i> State <i>IL</i> County <i>COOK</i> | |
| Printed Name Dale Smirl | | Notary Signature <i>Kathleen Kenny</i> | |
| Title Attorney | | Commission Expiration Date <i>8/2/22</i> | |
| 11. Contact person Dale Smirl | Email airwaves61@aol.com | Phone 3124049321 | |

This document can be made available in alternate formats, upon request, to qualifying individuals with disabilities.

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| <p>Attention: Trademark Section Department of Financial Institutions</p> <p>Mail to: PO Box 7847 Madison WI 53707-7847</p> <p>Physical Address: 4822 Madison Yards Way, North Tower Madison WI 53705</p> | <p>Contact Information:</p> <p>Phone: 608-266-8915 Fax: 608-264-7965 Email: DFI-Trademark@wisconsin.gov TTY: 711</p> | <ul style="list-style-type: none"> • Registration is active for 10 years unless cancelled. • Filing fee is \$15.00 - Make checks payable to WDFI |
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