



State of Wisconsin – Department of Financial Institutions

Registration of Trademark

Per Chapter 132 Wisconsin Statutes

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

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.
MIDWEST PERFORMANCE HANDICAP RACING FLEET

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	
Printed Name Dale Smirl		Date 2/27/22	State IL
Title Attorney		County COOK	
		Notary Signature <i>Kathleen Kenny</i>	
		Commission Expiration Date 8/2/22	
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.

Attention: Trademark Section
Department of Financial Institutions

Mail to: PO Box 7847
Madison WI 53707-7847

Physical Address: 4822 Madison Yards Way, North Tower
Madison WI 53705

Contact information:

Phone: 608-266-8915
Fax: 608-264-7965
Email: DFI-Trademark@wisconsin.gov
TTY: 711

- Registration is active for 10 years unless cancelled.
- Filing fee is \$15.00 – Make checks payable to **WDFI**