



Arkansas Secretary of State

John Thurston

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501-682-3409 • www.sos.arkansas.gov

Publicity Rights Protection Registration Form

1. Claimant Successor In Interest: If Claimant is deceased, list date of death: _____

FOR OFFICE USE ONLY	
File Number: _____	Expiration Date: _____

2. Name of Protected Individual: _____

3. Claimant Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

If claimant is a corporation provide name and state of incorporation: _____
State: _____

If claimant is a partnership, give state of organization and names of general partners. State: _____

Name of general partner: _____

Name of general partner: _____

Name of general partner: _____

(Attach names of additional general partners, if necessary.)

If claimant is a company, provide name and state of organization: _____

State: _____

Basis of Claim and Property Rights Claimed (Attach additional documentation, if necessary.):

AFFIDAVIT

Applicant is stating that said applicant is the owner of the mark and that no other person has registered, either federally or in this State, or has the right to use the mark in this State either in the identical form thereof or in such a near resemblance thereto as might be calculated to deceive or to be mistaken therefor.

I, _____, being first duly sworn, state that I am the applicant, or a lawfully authorized representative of the applicant, that I have read the above application and know its contents and that the facts stated therein are true:

Signature Title

Printed Name Contact Telephone Number

State of Arkansas

County of _____

Subscribed and sworn to before me, a notary public, on

this _____ day of _____, _____.

My commission expires: _____ Notary Public _____