

PTO- 1478

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## Trademark/Service Mark Application, Principal Register

***NOTE: Data fields with the \* are mandatory. The wording "(if applicable)" appears where the field is only mandatory under the facts of the particular application.***

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	N/A
<b>MARK INFORMATION</b>	
*MARK	<a href="#">mark.jpg</a>
STANDARD CHARACTERS	YES
USPTO-GENERATED IMAGE	YES
LITERAL ELEMENT	CMSP
MARK STATEMENT	The mark consists of standard characters, without claim to any particular font style, size, or color.
<b>APPLICANT INFORMATION</b>	
*OWNER OF MARK	American Healthcare Documentation Professionals Group
DBA/AKA/TA/Formerly	DBA American Healthcare Documentation Professionals Group
*MAILING ADDRESS	415 Boston Turnpike Suite 212
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*STATE (Required for U.S. applicants)	Massachusetts
*COUNTRY/REGION/JURISDICTION/U.S. TERRITORY	United States
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*EMAIL ADDRESS	jluke@suffolk.edu
WEBSITE ADDRESS	www.ahdpg.com
<b>LEGAL ENTITY INFORMATION</b>	
TYPE	corporation

<b>STATE/COUNTRY/REGION/JURISDICTION/U.S. TERRITORY OF INCORPORATION</b>	Massachusetts
<b>GOODS AND/OR SERVICES AND BASIS INFORMATION</b>	
<b>INTERNATIONAL CLASS</b>	035
<b>*IDENTIFICATION</b>	Professional credentialing certification in the fields of medical charting and transcribing
<b>FILING BASIS</b>	SECTION 1(a)
<b>FIRST USE ANYWHERE DATE</b>	At least as early as 05/02/2017
<b>FIRST USE IN COMMERCE DATE</b>	At least as early as 01/16/2020
<b>SPECIMEN FILE NAME(S)</b>	<a href="#">SPE0-2601182cd011520a8764 03d270a6af9-2021012214014 9474616 . Specimen_CMSP_A HDPG.pdf</a>
<b>SPECIMEN DESCRIPTION</b>	A PDF conversion of a website screenshot. The third page of the screenshot shows the mark in connection with the services
<b>WEBPAGE URL</b>	<a href="https://ahdpg.com/scribe-certification/">https://ahdpg.com/scribe-certification/</a>
<b>WEBPAGE DATE OF ACCESS</b>	01/22/2021
<b>ATTORNEY INFORMATION</b>	
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<b>ATTORNEY BAR MEMBERSHIP NUMBER</b>	558847
<b>YEAR OF ADMISSION</b>	1991
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<b>SECONDARY EMAIL ADDRESS(ES) (COURTESY COPIES)</b>	NOT PROVIDED
<b>FEE INFORMATION</b>	
<b>APPLICATION FILING OPTION</b>	TEAS Standard
<b>NUMBER OF CLASSES</b>	1
<b>APPLICATION FOR REGISTRATION PER CLASS</b>	350
<b>*TOTAL FEES DUE</b>	350
<b>SIGNATURE INFORMATION</b>	
<b>SIGNATURE</b>	/Loletta Darden/
<b>SIGNATORY'S NAME</b>	Loletta Darden
<b>SIGNATORY'S POSITION</b>	Attorney of record
<b>SIGNATORY'S PHONE NUMBER</b>	617-305-1647
<b>DATE SIGNED</b>	01/22/2021
<b>SIGNATURE</b>	/Julia Williams/
<b>SIGNATORY'S NAME</b>	Julia Williams
<b>SIGNATORY'S POSITION</b>	Student Attorney
<b>DATE SIGNED</b>	01/22/2021
<b>SIGNATURE</b>	/Nicholas Holmes/
<b>SIGNATORY'S NAME</b>	Nicholas Holmes
<b>SIGNATORY'S POSITION</b>	Student Attorney
<b>DATE SIGNED</b>	01/22/2021