

Form FS2

Fee sheet for: UK Designs, Patents, Trade Marks, Patent

Co-operation Treaty (PCT) and Company Names Tribunal Forms.

Please read the guidance notes on the next page about filling in this form.

Your IPO Account

Number (if you have one)

Details of the person we should contact in case of query.

Name:

Lisa Keyser

Your name and full

(including postcode)

address

Lisa Keyser

Erickson Kernell IP, LLC

8900 State Line Road, Suite 500 Fax Number:

Leawood, Kansas 66206

United States

Daytime phone number:

913-499-1287

913-549-4700

Your customer

reference (Optional)

E-mail address:

ljk@kcpatentlaw.com

If you fax us your forms, say how many sheets (including this one) you are sending

List of forms included

Date: 01/21/2020

	Form Type & Number	Name, Number or Other Identifier	Fee (£)
1	TM31R	EU018001022	20.00
2	TM31R	EU018001023	20.00
3			
4			
5			
6			
		. Total:	40.00

How do you wish to pay?

Tick payment method

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Go to fees.ipo.gov.uk/pay to make your payment

We will send you a payment reference once payment is made. Enter this into the box below

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We will not be able to process your form(s) without the payment reference. This may affect your filing date.

- 2. Deduction from IPO Deposit Account quoted above
- 3. Cheque, made payable to 'Intellectual Property Office'
- 4. Bank transfer



Form TM31R Request for a Certified Copy

Fee £20 [for each copy]

Use this form to request a certified copy of a UK trade mark.

Do not use this form to request a certified copy of a European Union trade mark, apply to EUIPO or to request a certified copy of an International trade mark (UK), apply to WIPO.

1.	Trade mark number	EU	018001022	
2.	Name of trade mark owner	Vixen Surface Treatments Limited		
3.	Full name Person making this request.	David L. Rein Jr.		
	Address The certificate will be sent to this address.	Erickson Kernell IP, LLC		
		8900 State Line Road, Suite 500		
		Lea	wood, Kansas	
		Unit	ed States	Postcode 66206
4.	Certified copies Tick required certificate(s),		The application as original	ly filed.
		1	The application or registrat	tion as it currently is.
			Other (Please specify below)	
	Number of copies	1	Anni di	
	About the certificate Tick if applicable	V	The certificate will be legali Commonwealth office. (We will need to provide a signatu	
			The certificate is for use in (We will need to provide a seal)	Guernsey.

6.	Signature	/DAVID L. REIN JR.		
	Name (BLOCK CAPITALS)			
	Date	01/21/2020		
7.	Your reference Complete if you would like us to quote this in communications with you, otherwise leave blank.	5177.001		
	Contact details Name, daytime telephone number of the person to contact in case of query.	Lisa Keyser 913-549-4700		

Checklist		
Pleas	se make sure you have remembered to:	
 ▼ F	Provide the trade mark number	
V 5	Sign the form	
	Complete fee sheet (Form FS2)	
	Enclose the fee and fee sheet. Make cheques	

payable to Intellectual Property Office

Intellectual Property Office Trade Marks Registry Concept House Cardiff Road

Cardiff Road Newport South Wales

Where to send

NP10 8QQ

Data Privacy: https://www.gov.uk/government/organisations/intellectual-property-office/about/personal-information-charter