



**Intellectual  
Property  
Office**

**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  
address  
(including postcode)

Lisa Keyser  
Erickson Kernell IP, LLC  
8900 State Line Road, Suite 500  
Leawood, Kansas 66206  
United States

Daytime phone number: 913-549-4700

Fax Number: 913-499-1287

Your customer  
reference  
(Optional)

E-mail address: [lj@kcpatentlaw.com](mailto:lj@kcpatentlaw.com)

If you fax us your forms, say how many  
sheets (including this one) you are sending **6**

**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			
<b>Total:</b>			40.00

**How do you wish to pay?**

Tick payment method

**1. Online by credit or debit card**

- Go to [fees.ipso.gov.uk/pay](https://fees.ipso.gov.uk/pay) to make your payment
- We will send you a payment reference once payment is made. Enter this into the box below

**Payment reference**

4815796378522362



**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**



**Intellectual  
Property  
Office**

**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	EU018001023	
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	
	Leawood, Kansas	
	United States	Postcode 66206
4. Certified copies Tick required certificate(s).	<input type="checkbox"/>	The application as originally filed.
	<input checked="" type="checkbox"/>	The application or registration as it currently is.
	<input type="checkbox"/>	Other (Please specify below)
Number of copies	1	
5. About the certificate Tick if applicable	<input checked="" type="checkbox"/>	The certificate will be legalised by the Foreign and Commonwealth office. <i>(We will need to provide a signature)</i>
	<input type="checkbox"/>	The certificate is for use in Guernsey. <i>(We will need to provide a seal)</i>

<b>6. Signature</b>	/DAVID L. REIN JR./
<b>Name</b> (BLOCK CAPITALS)	DAVID L. REIN JR.
<b>Date</b>	01/21/2020

<b>7. Your reference</b> Complete if you would like us to quote this in communications with you, otherwise leave blank.	5177.002
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<b>Contact details</b> Name, daytime telephone number of the person to contact in case of query.	Lisa Keyser 913-549-4700
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**Checklist**

Please make sure you have remembered to:

- Provide the trade mark number
- Sign the form
- Complete fee sheet (Form FS2)
- Enclose the fee and fee sheet. Make cheques payable to Intellectual Property Office

**Where to send**

Intellectual Property Office  
Trade Marks Registry  
Concept House  
Cardiff Road  
Newport  
South Wales  
NP10 8QQ

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