OFFICE OF THE DIRECTOR
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAI`I

In the Matter of the Service Mark "_____."	SM- PETITION FOR REVOCATION OF SERVICE MARK; VERIFICATION

PETITION FOR REVOCATION OF SERVICE MARK

Petitioner,_____, ("Petitioner"), hereby petitions the Director of the Department of commerce and Consumer Affairs, State of Hawai`i, for the revocation of the service mark "_____."

1. Petitioner's principal place of business and telephone number:

   _____

   _____

   _____

   _____

2. The name and current address of the Respondent (*registrant*):

   _____

   _____

   _____

3. Respondent's president's name and current address *(if Respondent is a corporation)*:

   _____

   _____

   _____

4. The statutory section(s) relied upon for the revocation is/are:

   _____ Hawai`i Revised Statutes §482-28.5(1) (abandonment);

   _____ Hawai`i Revised Statutes §482-28.5(2) (non-use);

   _____ Hawai`i Revised Statutes §482-28.5(3) (registration improper);

   _____ Hawai`i Revised Statutes §482-28.5(4) (fraudulent registration);

_____ Hawai`i Revised Statutes §482-28.5(5) (generic name); and

_____ Hawai`i Revised Statutes §482-28.5(6) (likelihood of confusion)

5. Respondent was issued the certification of registration for the contested service mark on _____, certification of registration no. _____.

6. The facts in support of this petition are as follows *(attach additional pages if necessary)*:

WHEREFORE, the Petitioner requests the Director of the Department of Commerce and Consumer Affairs to revoke Certificate of Registration No. _____.

DATED: _____.

_____

Signature of Petitioner

VERIFICATION

In the Matter of the Service Mark of "_____." _____	SS.

_____, being first duly sworn, on oath deposes and says that s/he is the _____ (corporate officer or legal representative) of _____ (Petitioner), that s/he has examined the foregoing petition and knows the contents thereof, and that the facts set forth therein are true to the best of his/her knowledge and belief.

_____

Subscribed and sworn to before me this
_____ day of _____, 200__.

_____.
Notary Public, State of Hawai`i
My commission expires: _____.