

Trademark / Service Mark Application, Principal Register

TEAS Plus Application

Serial Number: 87779398

Filing Date: 02/01/2018

The information submitted in the application appears below:

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO Form 1478 (Rev 09/2006)

OMB No. 0651-0009 (Exp 02/28/2018)

Trademark/Service Mark Application, Principal Register

TEAS Plus Application

*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
TEAS Plus	YES
MARK INFORMATION	
*MARK	mark.jpg
*STANDARD CHARACTERS	YES
USPTO-GENERATED IMAGE	YES
LITERAL ELEMENT	THE SPINE, DISC & NERVE DOCTOR
*MARK STATEMENT	The mark consists of standard characters, without claim to any particular font style, size, or color.
APPLICANT INFORMATION	
*OWNER OF MARK	Davis, Patrick R.E.

*STREET	PO Box 336543
*CITY	North Las Vegas
*STATE (Required for U.S. applicants)	Nevada
*COUNTRY	United States
*ZIP/POSTAL CODE (Required for U.S. applicants)	89033-6543
EMAIL ADDRESS	
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
LEGAL ENTITY INFORMATION	
*TYPE	INDIVIDUAL
* COUNTRY OF CITIZENSHIP	United States
GOODS AND/OR SERVICES AND BASIS INFORMATION	
*INTERNATIONAL CLASS	044
*IDENTIFICATION	Healthcare
*FILING BASIS	SECTION 1(b)
ADDITIONAL STATEMENTS INFORMATION	
*TRANSLATION (if applicable)	
*TRANSLITERATION (if applicable)	
*CLAIMED PRIOR REGISTRATION (if applicable)	
*CONSENT (NAME/LIKENESS) (if applicable)	
*CONCURRENT USE CLAIM (if applicable)	
CORRESPONDENCE INFORMATION	
*NAME	Davis, Patrick R.E.
*STREET	PO Box 336543
*CITY	North Las Vegas
*STATE (Required for U.S. addresses)	Nevada
*COUNTRY	United States
*ZIP/POSTAL CODE	89033-6543

*EMAIL ADDRESS	
*AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
FEE INFORMATION	
APPLICATION FILING OPTION	TEAS Plus
NUMBER OF CLASSES	1
APPLICATION FOR REGISTRATION PER CLASS	225
*TOTAL FEE PAID	225
SIGNATURE INFORMATION	
* SIGNATURE	/Patrick R.E.Davis/
* SIGNATORY'S NAME	Patrick R.E. Davis
* SIGNATORY'S POSITION	Owner; President; Principal
SIGNATORY'S PHONE NUMBER	
* DATE SIGNED	01/31/2018

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