

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
MARK INFORMATION	
*MARK	MRK216163154111-155120695 _AEL0017USLOGO.11OCT22.JPG
SPECIAL FORM	YES
USPTO-GENERATED IMAGE	NO
LITERAL ELEMENT	LANDMASTER
COLOR MARK	NO
*DESCRIPTION OF THE MARK (and Color Location, if applicable)	The mark consists of the word LANDMASTER appearing under a stylized design.
PIXEL COUNT ACCEPTABLE	YES
PIXEL COUNT	602 x 312
APPLICANT INFORMATION	
*OWNER OF MARK	ASW, LLC
DBA/AKA/TA/Formerly	DBA American Landmaster
*MAILING ADDRESS	2499 S 600 E, Ste. 102
*CITY	Columbia City
*STATE (Required for U.S. applicants)	Indiana
*COUNTRY/REGION/JURISDICTION/U.S. TERRITORY	United States
*ZIP/POSTAL CODE (Required for U.S. and certain international addresses)	46725
*EMAIL ADDRESS	iplaw@taylorip.com
LEGAL ENTITY INFORMATION	

TYPE	limited liability company
STATE/COUNTRY/REGION/JURISDICTION/ U.S. TERRITORY WHERE LEGALLY ORGANIZED	Indiana
GOODS AND/OR SERVICES AND BASIS INFORMATION	
INTERNATIONAL CLASS	012
*IDENTIFICATION	MOTORIZED LAND VEHICLES, NAMELY, OFF ROAD UTILITY VEHICLES, SPECIFICALLY EXCLUDING TRADITIONAL AUTOMOTIVE VEHICLES, SUCH AS CARS, TRUCKS, VANS, STATION WAGONS AND SUV'S
FILING BASIS	SECTION 1(b)
ATTORNEY INFORMATION	
NAME	Todd T. Taylor
ATTORNEY DOCKET NUMBER	AEL0017.US
ATTORNEY BAR MEMBERSHIP NUMBER	16531-02
YEAR OF ADMISSION	1992
U.S. STATE/ COMMONWEALTH/ TERRITORY	Indiana
FIRM NAME	Taylor IP PC
STREET	142 S. Main St., PO Box 560
CITY	Avilla
STATE	Indiana
COUNTRY/REGION/JURISDICTION/U.S. TERRITORY	United States
ZIP/POSTAL CODE	46710
PHONE	260-897-3400
EMAIL ADDRESS	docket@taylorip.com
CORRESPONDENCE INFORMATION	
NAME	Todd T. Taylor
PRIMARY EMAIL ADDRESS FOR CORRESPONDENCE	docket@taylorip.com
SECONDARY EMAIL ADDRESS(ES) (COURTESY COPIES)	NOT PROVIDED

FEE INFORMATION	
APPLICATION FILING OPTION	TEAS Standard
NUMBER OF CLASSES	1
APPLICATION FOR REGISTRATION PER CLASS	350
*TOTAL FEES DUE	350
SIGNATURE INFORMATION	
SIGNATURE	/Todd T. Taylor/
SIGNATORY'S NAME	Todd T. Taylor
SIGNATORY'S POSITION	Attorney of record
SIGNATORY'S PHONE NUMBER	260-897-3400
DATE SIGNED	10/11/2022