

**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	<a href="#">MRK216163154111-113542847 _ . AEL0016USLOGO.22SEPT22.JPG</a>
SPECIAL FORM	YES
USPTO-GENERATED IMAGE	NO
LITERAL ELEMENT	AMP
COLOR MARK	NO
*DESCRIPTION OF THE MARK (and Color Location, if applicable)	The mark consists of the letters AMP with the vertical portion of the P appearing as a lightning bolt.
PIXEL COUNT ACCEPTABLE	NO
PIXEL COUNT	1010 x 357
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
<b>GOODS AND/OR SERVICES AND BASIS INFORMATION</b>	
INTERNATIONAL CLASS	012
*IDENTIFICATION	Electric powered land vehicles, namely, off road and on road utility vehicles, specifically excluding traditional automotive vehicles, such as cars, trucks, vans, station wagons and SUVs
FILING BASIS	SECTION 1(b)
<b>ATTORNEY INFORMATION</b>	
NAME	Todd T. Taylor
ATTORNEY DOCKET NUMBER	AEL0016.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
<b>CORRESPONDENCE INFORMATION</b>	
NAME	Todd T. Taylor
PRIMARY EMAIL ADDRESS FOR CORRESPONDENCE	docket@taylorip.com
SECONDARY EMAIL ADDRESS(ES) (COURTESY COPIES)	NOT PROVIDED
<b>FEE INFORMATION</b>	

<b>APPLICATION FILING OPTION</b>	TEAS Standard
<b>NUMBER OF CLASSES</b>	1
<b>APPLICATION FOR REGISTRATION PER CLASS</b>	350
<b>*TOTAL FEES DUE</b>	350
<b>SIGNATURE INFORMATION</b>	
<b>SIGNATURE</b>	/Todd T. Taylor/
<b>SIGNATORY'S NAME</b>	Todd T. Taylor
<b>SIGNATORY'S POSITION</b>	Attorney of record
<b>SIGNATORY'S PHONE NUMBER</b>	260-897-3400
<b>DATE SIGNED</b>	09/26/2022