

LIPO FORM M 6	For Official Use
	Date of Receipt by receiving Officer:
REQUEST FOR RESTORATION OF MARK	
	Application No. given by receiving Officer:
TO: REGISTRAR General	
LIPO OFFICE	
P.O. BOX	(Receiving Office Stamp)
EXECUTIVE MANSION GROUND	
CAPITOL HILL	
MONROVIA, LIBERIA	
	Filing Date:
	Applicant's or representative file reference
	<u>l</u>
RESTORATION OF REGISTRATION OF A MARK REMOVED FROM REGISTER FOR NON-PAYMENT	
OF RENEWAL FEE	

Application No.:	Date of Registration:	
Classification(s):		
I/We,		
Of		
hereby transmit the fee of		
for the restoration to the Register of a Mark of Registration No		
in Class(sa)		
in Class(es)		
Dated thisday of 20		

Proprietor(s)/Agent for proprietor(s)