## - STATEMENT OF GRANT OF PROTECTION FOLLOWING A PROVISIONAL REFUSAL -Rule 18ter(2)

This form is to be used in the following situation: the Office has already communicated a notification of total or partial provisional refusal and, all procedures before the Office being completed, protection is now granted to some or all of the goods and/or services. (If total refusal is being confirmed, please use Model Form 6.)

I.	Office sending the statement:  PATENT OFFICE OF THE REPUBLIC OF LATVIA 7/70, Citadeles iela LV-1010, Rīga LATVIA  Tel. 371 67 099 604 Fax 371 67 099 650
II.	Number of the international registration: 1 038 475
III.	Name of the holder (or other information enabling the identity of the international registration to be confirmed):
	PetCenter, CZ s.r.o., Do Certous 2634/7, CZ-193 00 Prague 9 – Horni Pocernice (République tchèque)
IV.	Protection for all the goods and/or services:  (This box should be ticked where a notification of provisional refusal has previously been communicated but, eventually, protection is granted to <u>all</u> the goods and/or services.)
	All procedures before the Office have been completed; protection is granted to the mark that is the subject of this international registration for <u>all</u> the goods and/or <u>all</u> the services requested (Rule 18ter(2)(i))
Protection for the following goods:  Class 31 Agricultural, horticultural and forestry products and grains, included in this class; fresh fruits and vegetables, potatoes, and preparations made from these goods being non-medical supplements for foodstuffs; seeds, natural plants and flowers, all of these products are not intended for pet food, housing or care.	
	All procedures before the Office have been completed; protection is granted to the mark that is the subject of this international registration for the following goods and/or services (Rule 18ter(2)(ii)) (please use a continuation sheet if necessary):
V.	Signature or official seal of the Office sending the statement:  L.Rinka  L.Rinka
VI.	Date: 01.08.2013