



FILED

MAR 15 2024

REGISTRY NUMBER: 52877
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OREGON
SECRETARY OF STATE

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request.

Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

1) CORRESPONDENT NAME: Electrical Distributing Inc MAILING ADDRESS: PO Box 2720

2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: Electrical Distributing Inc
4600 NW St Helens Rd, Portland, OR 97210

3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: oregon

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.)
Basco Appliances

6) SPECIMEN OF MARK IS REQUIRED: Attach a drawing or photocopy of the mark as it is actually used to this application.

7) GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)
Appliance Sales

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.)
Website, letterhead, uniforms, invoices, quotes,

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a)
135, 112, 142

10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:
04/01/2021

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:
04/01/2021

12) EXECUTION:
I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature:

Title: President

Date: 02/08/2024

CONTACT NAME: (To resolve questions with this filing.)
Kathy Swift

PHONE NUMBER: (Include area code.)
503-412-6798

FEES	
Required Processing Fee	\$50.00
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	



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APPLIANCES