

Secretary of State - Corporation Division - 255 Capitol St. NE. Suite 151 - Salem. OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

## FILED

REGISTRY NUMBER: 53056

JUN 06 2024

n ac	For office use only scordance with Oregon Revised Statute 192.410-192.490, the information on this a	OREGON	
le t	must release this information to all parties upon request.  ISE Type or Print Legibly in <b>Black</b> ink. Attach additional Sheets if Neces	SECRETARY OF STATE For office use only	
	CORRESPONDENT NAME:	MAILING ADDRESS:	
	Beaux Barker	1620 NE Broadway Unit 432 Porrland, OR 97232	
2)	APPLICANT'S NAME: (Owner: Individual or Entity)	Address:	
	Beaux Barker	1620 NE Broadway Unit 432 Porrland, OR 97232	
3)	IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:		
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.)  The mark consists of the standard character word mark "SubliSnap"		
3)	SPECIMEN OF MARK IS REQUIRED:   Attach a drawing or photocopy of	of the mark as it is actually used to this application.	
7)	ODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)		
	Spray bottles		
8)	EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example:	on goods, tags. labels. containers, etc.)	
	Product labels, packaging, and promotion	onal materials.	
9)	CLASS NUMBER(s) OF GOODS OR SERVICES: (See form 290-a)		
0)	DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE B March 01, 2024	Y APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:	
1)	DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON B March 01, 2024	Y APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:	
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:	Date:	
	Owne	er 05/27/2024	

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

Beaux Barker

PHONE NUMBER: (Include area code.)

971-570-2486



53058

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."





