

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglnOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER:

DEC 13 2024

OREGON SECRETARY OF STATE

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. For office use onl Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary. 1) CORRESPONDENT NAME: MAILING ADDRESS: Emerge Law Group c/o Sean Clancy 108 NW 9th Ave., Suite 300, Portland, OR 97209 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: MBODY HEALTH, LLC 1940 NW 24TH AVE Portland, OR 97210 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.) MBODY HEALTH (standard character mark) 6) SPECIMEN OF MARK IS REQUIRED: Attach a drawing or photocopy of the mark as it is actually used to this application. GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.) (see attached) 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) On signs, advertisements, website, and social media CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 135, 142 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: At least as early as November 21, 2022 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: At least as early as November 21, 2022 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: <u>michelle Gilpin, DPT</u> 12/10/2024 Member

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

Sean Clancy (attorney)

PHONE NUMBER: (Include area code.)

503.227.4525



6) SPECIMEN



7) GOODS OR SERVICES WITH WHICH THE MARK IS USED:

Renting space to health care and wellness professionals, conducting pilates classes, yoga instruction, physical therapy, acupuncture services, massage therapy services, chiropractic services, sports medicine services, life coach services, naturopathic medical services, nutritionist services, microneedling services,



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Patient portal

Now booking

We are scheduling appointments for physical therapy, naturopathic medicine, acupuncture and massage therapy.

Call 503-303-8118



Insurance

We participate with the following available insurance companies in our area:

- Aetna
- Regence Blue Cross



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About us Our team FAQ

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are (Only physical therapy)

Patient portal

- · United Healthcare (Only naturopathy, acupuncture and massage therapy)
- Providence (Only naturopathy, acupuncture and massage therapy)
- · HealthNet (Only naturopathy, acupuncture and massage therapy)

You will need to check with your insurance company to find out if we are in network with your particular plan. You may do so by calling your insurance company, and giving them our Tax ID # 92-2337550.

53347



. every. day.

Patient portal

Mbody Health, LLC

1940 NW 24th Ave Portland, OR 97210

phone: 503.303.8118

business fax: 503.354.1584

medical fax: 833.450.5748

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