

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

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OREGON SECRETARY OF STATE

n ac	cordance with Oregon Revised Statute 192.410-192.490, the inform	nation on this application is public record.	10 XXXXXXX	
Ver	nust release this information to all parties upon request.		For office use only	
	se Type or Print Legibly in Black ink. Attach additional She CORRESPONDENT NAME:	MAILING ADDRESS:		
٠,	Stephanie A. Schor, Sr. AAG		Court St.NE Salem, OR 97301	
2)	APPLICANT'S NAME: (Owner: Individual or Lentity)	Address:		
	Oregon Tourism Commission, dba Trave	el Oregon 319 SW Washington S	t., #700, Portland, OR 97204	
	IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF F	ORMATION:		
	Semi-Independent Oregon State Agency			
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.) North Coast Food Trail (words in standard characters)			
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.)			
	Promoting Oregon tourism with a focus on local agricultural products, food producers, and restaurants			
8)	EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.)			
	On Travel Oregon and local travel partner websites, on social media sites, and on broad			
9)	CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 29			
	135, 138 and 141			
10)	Date (Month, Day, Year) Mark Was First Used Anywhere By Applicant or Applicant's Predecessor in Interest: 04.01.2018			
11)	DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 04.01.2018			
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:	
	Stephanie Antonia Schor Digitally signed by Stephanie Antonia Schor Date: 2025.01.31 17:28:40 -08'00'	Sr. Assistant Attorney General	January 31, 2025	

CONTACT NAME: (To resolve questions with this filing.)	
Stephanie A. Schor	8 53455
PHONE NUMBER: (Include area code.) 503.302.1246	Ресовонну госо во толновинацию госов напо споск разамо во смерогамот отност.

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■ North Coast Food Trail - Travel C × +

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North Coast

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NORTH COAST FOOD TRAIL Fresh seafood, artisan cheese, craft brews

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