



Trade and Service Marks - Registration

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

FILED
MAY 07 2025

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

5381 53581

For office use only

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 only

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

- 1) CORRESPONDENT NAME: James Hourigan; MAILING ADDRESS: 2828 NE Riverside Way, Portland OR 97211
2) APPLICANT'S NAME: (Owner: Individual or Entity) Baja Sky Brands; ADDRESS: 1603 Capitol Ave Ste 415 #127351 Cheyenne WY 82001
3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Wyoming
4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS: n/a corporation
5) DESCRIPTION OF TRADE OR SERVICE MARK: Sweet Puff - trademark
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: Will be used as a brand for multiple consumer products
8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: Will be used as a brand name
9) CLASS NUMBER(S) OF GOODS OR SERVICES: 121, 125, 130, 134
10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: August 12, 2024
11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: August 12, 2024

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:

[Handwritten Signature]

Title:

COO

Date:

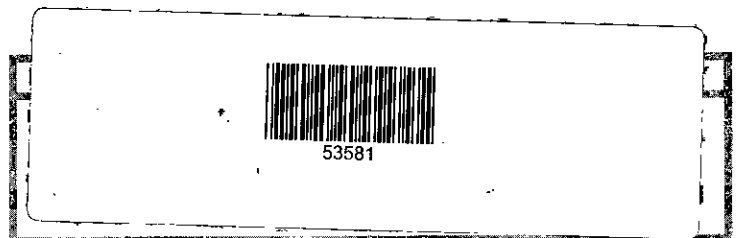
April 16, 2025

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

James Hourigan


PHONE NUMBER: (Include area code.)

707 479 4583



53581


cannabis-infused
BROWNIES




HAZELNUT

Sweet Puff

Special Infused
with 1.100 mg THC
2.100 mg Cannabis Brownies




cannabis-infused
BROWNIES




SALTED CHOCOLATE

Sweet Puff

Special Infused
with 1.100 mg THC
2.100 mg Cannabis Brownies



cannabis-infused
BLONDIES



BUTERSCOTCH

Sweet Puff

Special Infused
with 1.100 mg THC
2.100 mg Cannabis Blondies

