

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:

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MAY 15 2025

OREGON SECRETARY OF STATE

In accordance with Oregon Revised Statute 192.410-192.490, the information on this ap We must release this information to all parties upon request.	oplication is public record. SECRETARY OF STATE For office use only
Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessa	
1) CORRESPONDENT NAME:	MAILING ADDRESS:
Paul Kennedy/Sarah Introna	3000 Two Logan Square Eighteenth and Arch Streets
2) APPLICANT'S NAME: (Owner: ☐ Individual or ✓ Entity)	ADDRESS: Philadelphia, PA 19103
The Hi Collection LLC	3620 Walden Dr., Suite 211 Lexington, KY 40517
3) If the Applicant Is an Entity, Enter the State of Formation:	
Delaware	
4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:	
5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs an HI GUMMI	nd borders that comprise the mark) (Attach additional page if needed.)
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 good	
Edible gummies; Gummies infused with no gre-	
8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: or	n goods, tags, labels, containers, etc.)
applied directly to the container of the g	oods
9) CLASS NUMBER(s) OF GOODS OR SERVICES: (See form 290-a) 105	
10) Date (Month, Day, Year) Mark Was First Used Anywhere By 01/19/2021	APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:
11) Date (Month, Day, Year) Mark Was First Used in Oregon By 02/01/2021	APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:
	has registered the mark with the federal government or in Oregon or has the right cause confusion or mistake or deceive when applied to the goods or services of on is true, correct and complete.
(If applicant is an entity, a member of a firm, officer of the corporation, of	fficer of the limited liability company, or officer of an association must sign.)
Signature: Title: CEO	Date: 4-2/-75
John Con Michael	JANETTE R. MOLONEY NOTARY PUBLIC Kentucky, State At Large Jommission # KYNP84248 complisation Expires 1/10/2028
CONTACT NAME: (To resolve questions with this filing.)	FEES
Sarah Introna	Required Processing Fee \$50.00
PHONE NUMBER: (Include area code.)	

201-923-5705

HI GUMMI

