



Phone: (503) 986-2200  
Fax: (503) 378-4381

Trade and Service Marks—Registration

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

**FILED**  
**JAN 06 2010**  
**OREGON**  
**SECRETARY OF STATE**

REGISTRY NUMBER: S 41151  
For office use only

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

For office use only

- 1) **CORRESPONDENT NAME AND MAILING ADDRESS**  
Construction Systems Management Inc.  
811 First Avenue, #466  
Seattle, WA 98104
- 2) **APPLICANT'S NAME AND ADDRESS (Owner)**  
Construction Systems Management, Inc.  
811 First Avenue, #466  
Seattle, WA 98104
- 3) **IF THE APPLICANT IS A BUSINESS, ENTER THE STATE OF FORMATION.**  
Washington
- 4) **DESCRIPTION OF TRADE OR SERVICE MARK (Include all words, designs and borders that comprise the mark)**  
CSMI

- 6) **GOODS OR SERVICES WITH WHICH THE MARK IS USED**  
Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)  
Construction Management, Estimates, Claims,  
Insurance Services, Surety Services,  
Any Lawful Enterprise

- 7) **EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED**  
(Example: on goods, tags, labels, containers, etc.)  
On correspondence of any kind and by reference.

- 8) **CLASS NUMBER(S) OF GOODS OR SERVICES (See form 171A)**  
137

- 9) **DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR**  
09/01/1984

- 5) **SPECIMEN OR FACSIMILE OF MARK IS REQUIRED.**  
 A specimen or facsimile of the mark is attached to this application.

- 10) **DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR**  
01/01/1995

11) **EXECUTION**

Applicant believes that applicant is the owner of the mark and no other person has the right to use such mark in Oregon, either in the identical form thereof, or in such near resemblance thereto, as might be calculated to deceive, or to be mistaken therefore, and applicant declares under penalties of perjury that this application is true, correct and complete.

Signature

Mark J. Lawless

Date

12/24/2009

Title pre

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.

- 12) **CONTACT NAME (To resolve questions with this filing.)**  
Mark J. Lawless

**DAYTIME PHONE NUMBER (Include area code.)**  
(206) 233-0804

**FEES**

Required Processing Fee \$50  
Processing Fees are nonrefundable.  
Please make check payable to  
"Corporation Division."

**NOTE:**  
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

12-29-09 37 2



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**C S M I**  
**CONSTRUCTION**  
**SYSTEMS**  
**MANAGEMENT**  
**INC.**

319 SW Washington, Suite 308  
Portland, Oregon 97204  
TEL: (503) 243-2700  
FAX: (503) 243-2702  
[www.csminw.com](http://www.csminw.com)

CONSTRUCTION DEFECT CLAIMS  
MANAGEMENT SERVICES  
ESTIMATES  
COST & SCHEDULE RECOVERY  
SAFETY MANAGEMENT

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