



Phone: (503) 986-2200
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Trade and Service Marks—Registration

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

FILED

JAN 21 2010

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 5 41167

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

1) CORRESPONDENT NAME AND MAILING ADDRESS

Dennis McLaughlin
601 W. Main Ave. Suite 1015
Spokane, WA 99201

2) APPLICANT'S NAME AND ADDRESS (Owner)

Mustard Seed Management Company Inc.
245 W. Spokane Falls Blvd., Suite 200
Spokane, WA 99201

3) IF THE APPLICANT IS A CORPORATION, ENTER THE STATE OF INCORPORATION.

Washington

4) DESCRIPTION OF TRADE OR SERVICE MARK (Include all words, designs and borders that comprise the mark)

A steaming bowl of noodles with chopsticks and the word "Noodle" on the left of the bowl and the word "Express" to the right of the bowl.
Underneath are the words "Asian Bowls"

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.)
Asian food restaurant services

7) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED

(Example: on goods, tags, labels, containers, etc.)
Menus, napkins, to-go cartons, signs, coupons, advertisements, letterhead, business cards, and in other ways common to the trade.

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

135

9) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR

02/01/1992

10) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR

02/01/1992

5) SPECIMEN OR FACSIMILE OF MARK IS REQUIRED.

A specimen or facsimile of the mark is attached to this application.

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

[Handwritten Signature]

Date

1-13-10

FEES

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

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.)

Dennis McLaughlin

DAYTIME PHONE NUMBER

509-624-3525



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\$50.00

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