



REGISTRY NUMBER:

Secretary of Stale - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinginOregon.com - Phone: (503) 986-2200

FILED

SEP 1 7 2013 **OREGON** in accordance with Oregon Revised Statute 192,410-192,490, the information on this application is public record. SECRETARY OF STATE We must release this information to all parties upon request. Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary. For office use only 1) CORRESPONDENT NAME: MAILING ADDRESS: 1 W. Cameron, Kellogg, Il 1 W. Cameron Kellogg, In 1 W. Cameron Kellogg, In 83837 ave Smith Motors Inc. 2) APPLICANT'S NAME: (Owner: Individual or Entity) APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: 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.) LOW LOW Prices 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 WINICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.) Selling automobiles 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) Advertisements (TV, print, radio, logo) 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 10) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

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 nerson. I declare under negatives of periusy that this application is true, correct and complete.

Fitie:

11) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

rporation, officer of the limited liability company, or officer of an association must sign.)

CONTACT NAME: (To resolve curedions



FEES

Required Processing Fee \$50

Processing Fees are nonrefundable. Please make check psystle to "Corporation Division."

