



FILED

SEP 24 2015

09/24 OREGON SECRETARY OF STATE 000001 #7944 0010 For office use only CASH \$50.00

REGISTRY NUMBER: 45334
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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. Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

1) CORRESPONDENT NAME: ELEVATE KOMBUCHA LLC MAILING ADDRESS: 132 E. HILLIARD LN.

2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: ROBERT COOKEY PHAIGRO Elevate Kombucha LLC EUGENE, OR 97404

3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: OR

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS: NATALIE LEWIS

5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.) ELEVATE KOMBUCHA

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 goods are pizzas, shirts; examples of services are serving food and selling clothing.) SHIRTS, BOTTLES, STICKERS, HATS, GROWLERS, TAP HANDLE, ADVERTISEMENTS

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) SALE OF KOMBUCHA BEVERAGE, BOTTLED / AND ON TAP

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 132, 125, 135, 121, 142

10) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: JULY 23, 2015

11) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: JULY 23, 2015

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: [Signature] Title: OWNER Date: SEPT 24th, 2015
[Signature] owner 09/24/2015

CONTACT NAME: (To resolve questions with this filing.) NATALIE LEWIS COOKEY PHAIGRO
PHONE NUMBER: (Include area code.) 541-359-5278 541-968-5573



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